

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41384

STATE FILE NUMBER

5458

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>Jackson</i>	a. STATE <i>MO.</i>		b. COUNTY <i>Jackson</i>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City, Mo</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>15 Kansas City, Mo</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Little Sisters Home</i>	Length of stay in lb <i>15 years</i>	d. STREET ADDRESS <i>5331 Highland</i>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
<i>Mrs Mary</i>			<i>Dec. 16, 1956</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1865</i>		9. AGE (In years last birthday) <i>91</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>HOUSEWIFE</i>	11. BIRTHPLACE (City and state or country) <i>Dremont, Ohio</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>mother, Saperence</i>	Address <i>Little Sisters of the Poor</i>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:- IMMEDIATE CAUSE (a) <i>Cerebral hemorrhage</i>		<i>1 day</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Atherosclerosis</i>	<i>20 days</i>
	DUE TO (c) <i>Hypertension</i>	<i>2 1/2 hrs</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<i>331X</i>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <i>9/19/50</i> to <i>12/16/56</i> and last saw her ^{her} _{him} alive on <i>12/15/56</i>	
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Joseph A. Fogarty</i>	22b. ADDRESS <i>8081 Truman Rd, Kansas City, Mo</i>
22c. DATE SIGNED <i>12/17/56</i>	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Dec. 19, 1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Mary's Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo</i>
24. FUNERAL DIRECTOR <i>Thos. E. Quirk Funeral Home</i>	25. DATE RECD. BY LOCAL REG. <i>K.C. no. 12-18-56</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Director, coroner, etc. must use only black ink.

MEDICAL CERTIFICATION
Joseph A. Fogarty

STATE OF TEXAS, COUNTY OF DALLAS

1901, of 1901

FOURTH

1901, of

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert E. Quinn*.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

STATE OF TEXAS, COUNTY OF DALLAS
FOURTH