FILED DEC 21 1956

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

41429
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5203

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: General Hosp #1 — Length of stay in 1b: 23 Years

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas city — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 2732 Troost — Reside on Farm: Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print): First: Maggie Middle: Ann Last: Dayringer

**4. DATE OF DEATH**: Month: Dec Day: 1 Year: 1956

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

**8. DATE OF BIRTH**: 10-9-90

**9. AGE** (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**: At Home

**11. BIRTHPLACE** (City and state or country): Little Rock, Ark.

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13. FATHER'S NAME**: Pete Sisk

**14. MOTHER'S MAIDEN NAME**: unknown

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: No

**17. INFORMANT** Address: Margaret Dayringer 2732 Troost

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Aricular Fibrilation
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 42 yr

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 ☐ NO ☐

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

**20c. TIME OF INJURY** Hour a. m. p. m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**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 Nov 30. 1956, to Dec. 1. 1956 and last saw her alive on Dec. 1. 1956
Death occurred at 2:10 Am m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** B. I. Burns (Degree or title) M.D.

**22b. ADDRESS**: 24th & Cherry

**22c. DATE SIGNED**: 12-1-56

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**23b. DATE**: Dec. 3 1956

**23c. NAME OF CEMETERY OR CREMATORY**: Greenlawn Cem

**23d. LOCATION** (City, town, or county) (State): Kansas City Missouri

**24. FUNERAL DIRECTOR** ADDRESS: Mellody McGilley Eylar Kan City Mo.

**25. DATE RECD. BY LOCAL REG.**: 12.1.56

**26. REGISTRAR'S SIGNATURE**: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Arthur E. Hook.....

Licensed Embalmer No....4

P. O. Address K C M

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.