

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Edw. H. Fischer

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

630
STATE FILE NUMBER

FILED FEB 4 1957
Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 340

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City (16)</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City (16)</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>518 E. 42nd St. N</u>		Length of stay in lb <u>8 yrs.</u>		10 ^b d. STREET ADDRESS <u>518 E. 42nd St. North</u>	
3. NAME OF DECEASED (Type or print) <u>RUTH</u>		First <u>ELLA</u>		Last <u>JOYNER</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 3, 1903</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office worker</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>53</u>	
13. FATHER'S NAME <u>Edgar H. Joyner</u>		14. MOTHER'S MAIDEN NAME <u>Amelia B. Humphrey</u>		4. DATE OF DEATH Month <u>Jan</u> Day <u>23</u> Year <u>1957</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-26-8158</u>		17. INFORMANT Address <u>Charley B. Johns 518 E. 42nd St. North</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Rheumatic heart disease, active</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>(active - 6 wks) - Inactive</u>				<u>10 yrs</u>	
DUE TO (c)				<u>4013</u>	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <u>Nov 19 50</u> to <u>Jan 23, 1957</u> and last saw her <u>him</u> alive on <u>Jan 21, 1957</u> Death occurred at <u>5:00 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Edw H. Fischer M.D.</u>				22b. ADDRESS <u>206 East 21st NHC 140</u>	
				22c. DATE SIGNED <u>Jan 23, 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Jan. 23, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Shelbinia, Missouri</u>	
24. FUNERAL DIRECTOR <u>Btine & McClure Und. Co. Kan. City Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-23-57</u>		26. REGISTRAR'S SIGNATURE <u>Reva Minnaball</u>	

Dr. Edward Fischer
306 F21 Ave. Ber 1-2740

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..... *J. T. Crowell*

Licensed Embalmer No. *49*
P. O. Address *K.C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.