FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4973

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 641

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 HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Little Sisters of Poor. Length of stay in 1b: 6 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Miami
c. CITY OR TOWN: Louisburg 8160 8 Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Mary Middle Elizabety Last Rosner

4. DATE OF DEATH: Month 2 Day 8 Year 1957

5. SEX: F **6. COLOR OR RACE**: W **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐ **8. DATE OF BIRTH**: Sept 2, 1869 **9. AGE** (In years last birthday): 87 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**: Home **11. BIRTHPLACE** (City and state or country): Lenexa, Kans. **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13. FATHER'S NAME: Steve Baumgardner **14. MOTHER'S MAIDEN NAME**: Unkown Ridenger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None **16. SOCIAL SECURITY NO.**: None **17. INFORMANT** Address: J. S. Rosner, K.C. MO.

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

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Arterio-sclerosis — 10 yrs.
DUE TO (c): — 4500

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diabetes Mellitus

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 3/19/51, to 2/8/57 and last saw her/him alive on 2/8/57
Death occurred at 3:01 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph A. Fogarty DO **22b. ADDRESS**: 5811 Truman Rd K.C. 26 Mo **22c. DATE SIGNED**: 2/8/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal **23b. DATE**: 2-8-57 **23c. NAME OF CEMETERY OR CREMATORY**: Louisburg, Catholic **23d. LOCATION** (City, town, or county) (State): Louisburg, Kansas

24. FUNERAL DIRECTOR ADDRESS: Ward B Runyan Louisburg Ka **25. DATE RECD. BY LOCAL REG.**: 2-9-57 **26. REGISTRAR'S SIGNATURE**: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Joseph A. Fogarty

Doctor, coroner, etc. must use only standard nomenclature in view for the symptoms with no natural causes. 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 Gerald E. White

Licensed Embalmer No. 49

P. O. Address Deushu

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.