

FILED APR 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8538

STATE FILE NUMBER

1300

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

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Johnson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <i>Kansas City</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Prairie Village</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Mary's Hosp.</i>			Length of stay in lb <i>1 day</i>		d. STREET ADDRESS (If outside, give location) <i>4201 Prairie Lane</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>SUE</i> Middle <i>M</i> Last <i>BAIFRY</i>				4. DATE OF DEATH Month <i>MARCH</i> Day <i>19</i> Year <i>1957</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>AUGUST 24, 1876</i>		9. AGE (In years last birthday) <i>80</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CLERK & BUYER - PURCHASING DEPT.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>CITY FINANCE DEPARTMENT</i>		11. BIRTHPLACE (City and state or country) <i>ATCHISON, KANSAS</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>UNKNOWN BAIFRY</i>				14. MOTHER'S MAIDEN NAME <i>MARY CLARK</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO. <i>486-36-6820</i>		17. INFORMANT Address <i>PRAIRIE VILLAGE</i> <i>MRS. GED. A. GIFFORD, 4201 PRAIRIE LANE, KANSAS</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction,</i> DUE TO (b) <i>Coronary arterio sclerosis</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Atherosclerosis,</i>						INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>7 years</i> <i>4201</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 <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>4-2-55</i> to <i>3-19-57</i> and last saw her alive on <i>3-19-57</i> Death occurred at <i>1:15 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Hubert M. Parker MD</i>				22b. ADDRESS <i>928 Argyle Bldg</i>		22c. DATE SIGNED <i>3-20-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>3/20/57</i>		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <i>Forest City, Missouri</i>	
24. FUNERAL DIRECTOR <i>D. W. Newcomer's Sons</i>			ADDRESS <i>R. C., Mo</i>		25. DATE RECD. BY LOCAL REG. <i>3-20-57</i>		26. REGISTRAR'S SIGNATURE <i>New Marshall</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hubert M. Parker

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.

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.....

Licensed Embalmer No. 44

P. O. Address J. L. 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.

