THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8660

STATE FILE NUMBER

FILED APR 10 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1330

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 Doctors Hospital — Length of stay in 1b 8 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS 1416 Salisbury Rd. (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Mary Middle E. Last Foreman

4. DATE OF DEATH Month March Day 21 Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH Nov-11-1871

9. AGE (In years last birthday) 85 — 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 Domestic

11. BIRTHPLACE (City and state or country) Florence - Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown

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. None

17. INFORMANT Jesse Smith Address Indep Mo

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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 18 Hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Fracture Left Hip — 8 Days

DUE TO (c) E9037 44

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 ☐ 0

20a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐

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

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 3-13-57

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.) Nursing Home

20f. CITY, TOWN, OR LOCATION Independence COUNTY Jackson STATE Mo

21. I attended the deceased from 1949 to March 1957 and last saw he/him alive on March 20th 1957. Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) D.O.

22b. ADDRESS 1041 W. Maple Independence, Missouri

22c. DATE SIGNED 3-21-57

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

23b. DATE Mar-23-57

23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery

23d. LOCATION (City, town, or county) Jackson Co. (State) Missouri

24. FUNERAL DIRECTOR Roland R. Peeples ADDRESS Indep. Mo

25. DATE RECD. BY LOCAL REG. 3-22-57

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.

W. T. Hubbard

Cl 2-8369

JUN 20 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. Vernet Patterso

Licensed Embalmer No. 46

P. O. Address Indep

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.