

FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 3 WKS	c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 5331 Highland Little Highland			STREET ADDRESS (If rural, give location) 1226 South 35th		
3. NAME OF DECEASED (Type or Print) a. (First) Barbara		b. (Middle) Marie		c. (Last) Dierickx	
4. DATE OF DEATH April 24 1957			5. SEX Female		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Dec. 22 1859	
9. AGE (In years last birthday) 97		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. 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 Foreign Country) Harelbeke, Belgium 4	
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Leonard Bouttens		
13b. MOTHER'S MAIDEN NAME Eugena Couke			14. NAME OF HUSBAND OR WIFE Henry Dierickx		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Devriese (Daughter) KCK	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Arteria sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 5 days 20 yrs 332x			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4/10</u> , 19 <u>57</u> , to <u>4/24</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>4/23</u> , 19 <u>57</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Joseph A. Fogarty			23b. ADDRESS 80-2 5811 Julian Rd K.C. 26 Mo		23c. DATE SIGNED 4/25/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-25-57		24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery	
24d. LOCATION (City, town, or county) (State) Shawnee, Kansas		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Simmons Funeral Home KCK			
DATE REC'D BY LOCAL REG. 4-25-57			REGISTRAR'S SIGNATURE neva Marshall		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Joseph A. Fogarty



Apr 3 1944

~~Per 1-5775~~

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.....
Max E Meyer

Licensed Embalmer No. *455*

P. O. Address *K.C.M.S.*

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