THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 19 1957

'57 021050

STATE FILE NUMBER 2543

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 348

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No ☐	c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Osteophathic Hosp. — Length of stay in hospital 54 Yrs.	d. STREET ADDRESS (If outside, give location) 2520 Chelsea — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Josie Middle: B. Last: Fairchild			4. DATE OF DEATH Month Day Year: May 30, 1957
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: Dec. 31, 1882
9. AGE (In years last birthday): 74	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: ---------	11. BIRTHPLACE (City and state or country): Oskaloosa, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas Fairchild		14. MOTHER'S MAIDEN NAME: Eliza Jane Howard	
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: M. Violet Fairchild 2520 Chelsea	Address: K. C., 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) Anterior wall myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 18 hr

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

DUE TO (b) Coronary artery sclerosis — unknown

DUE TO (c) 4201

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 ☒ 2

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 April 18, 1957 to May 30, 1957 and last saw her alive on May 30, 1957. Death occurred at 8:15 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Verner J. Ames (Degree or title) — 22b. ADDRESS 926 E. 11th St. K.C. Mo. — 22c. DATE SIGNED 5-31-57

23a. BURIAL, CREMATION, REMOVAL (Specify): removal — 23b. DATE: 6/2/57 — 23c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery — 23d. LOCATION (City, town, or county) (State): Oskaloosa, Kansas

24. FUNERAL DIRECTOR ADDRESS: Earp & Sons 4139 Truman Rd. K.C. Mo. — 25. DATE RECD. BY LOCAL REG.: 5-31-57 — 26. REGISTRAR'S SIGNATURE: Mera Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Verner J. Ames

KP 2

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed William H. Earp

Licensed Embalmer No. 47

P. O. Address K.C.

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.