

FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23898
STATE FILE NUMBER

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 3474

1. PLACE OF DEATH a. COUNTY <u>Clay County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Kansas City, 16</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Polo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital or location) Length of stay in lb HOSPITAL OR INSTITUTION <u>John M. Luby 14 2 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>0138</u> X Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>Mary J. Burns</u>			4. DATE OF DEATH Month Day Year <u>July 22, 1957</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan, 14, 1868</u>
9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Arkansas, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. FATHER'S NAME <u>William C. Danaway</u>	
13b. MOTHER'S MAIDEN NAME <u>Dissa Ann Bonds</u>		14. NAME OF HUSBAND OR WIFE <u>John W. Burns</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT <u>M. J. Burns</u>		Address <u>4814 E 36 St. C. North</u>	
18. CAUSE OF DEATH (Enter only one cause by line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Coronary artery failure</u> arteriosclerosis DUE TO (b) _____ 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)			INTERVAL BETWEEN ONSET AND DEATH <u>4500</u>
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 WORK <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 <u>July 15, 1957</u> to <u>7-22-57</u> and last saw her alive on <u>7-16-57</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Raymond Kellogg M.D.</u>		22b. ADDRESS <u>Polo Mo</u>	
22c. DATE SIGNED <u>7-22-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY <u>Cowgill, Mo</u>		23d. LOCATION (City, town, or county) (State) <u>Cowgill Mo</u>	
24. FUNERAL DIRECTOR <u>Alsbaugh and Cowley</u>		25. DATE RECD. BY LOCAL REG. <u>7-24-57</u>	
ADDRESS <u>Polo Mo</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minchell</u>	

RAY B. HORTON, M. D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Handwritten scribbles and marks at the top of the page.

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 *Abner R. Hansen*

Licensed Embalmer No. *4159*
P. O. Address *H. C. M.*

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.

Handwritten mark in a circle: KD 8