FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 24599

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3408

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 (If NOT in hospital, give location) Hazelwood N.H. — Length of stay in Hospital 86 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
STREET ADDRESS (If outside, give location) 1020 W. 52d St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MAMIE Middle A. Last HAYNES
4. DATE OF DEATH: Month 7 Day 19 Year 57
5. SEX F'e
6. COLOR OR RACE Wh
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH 12-6-1869
9. AGE (In years last birthday) 87
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) At Home
10b. KIND OF BUSINESS OR INDUSTRY XX
11. BIRTHPLACE (City and state or country) Lanesboro, Minn.
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME John D. Moriarty
14. MOTHER'S MAIDEN NAME Ellen Mahoney
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XX
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mrs. John F. Brady, 1020 W. 52d St

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) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Atherosclerosis — 6 wks
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): Cerebral Thrombosis
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 1, 1954 to July 19, 1957 and last saw her ~~him~~ alive on July 18, 1957
Death occurred at 7:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE John K. Caldwell (Degree or title) MD
22b. ADDRESS Kansas City, Mo.
22c. DATE SIGNED 7/20/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-22-57
23c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's
23d. LOCATION (City, town, or county) Kansas City (State) Mo.
24. FUNERAL DIRECTOR ADDRESS Wagner Funeral Home, K C Mo
25. DATE RECD. BY LOCAL REG. 7-20-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, Coroner's Physician: Coroner cannot certify to a death due to natural causes. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

John K. Caldwell, M.D.

NA 1-1454
2:30 @ [illegible]

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 Alvin R. Haunschel

Licensed Embalmer No. 41

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.

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