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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 31665

FILED OCT 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4285

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 (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 801 Benton Blvd — Length of stay in 1b: 60 yrs	d. STREET ADDRESS (If outside, give location) 801 Benton Blvd — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: MARGARET	Middle: M.	Last: ANCHORS	4. DATE OF DEATH	Month: Sept. Day: 14 Year: 1957
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH: Oct. 4, [redacted] 1879	9. AGE (In years last birthday): 78	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): Glasgow, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Martin Murphy			13b. MOTHER'S MAIDEN NAME: Mary Connors		14. NAME OF HUSBAND OR WIFE: A. C. Anchors
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: Mary Anchors, 801 Benton Blvd, KC, MO.	Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Chronic myocarditis	5 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	hypertension + senility	10 yrs.
DUE TO (c)		443 X

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 [X]

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 10 yrs. to 9-14-57 and last saw her/him alive on 9-13-57. Death occurred at 12:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W W Gist (Degree or title) M.D.	22b. ADDRESS: 1103 Grand Kansas City	22c. DATE SIGNED: 15 Sept 57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Sept. 16, 1957	23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery	23d. LOCATION (City, town, or county) (State): Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS: Mellody-McGilley-Eylar, KC, MO		25. DATE RECD. BY LOCAL REG.: 9-15-57	26. REGISTRAR'S SIGNATURE: Nevar Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

W.W. Gist

1209 N. 59th

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 James W. Wair

Licensed Embalmer No. 4650

P. O. Address K.C. Mo.

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.