

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35843

STATE FILE NUMBER

4641

FILED OCT 24 1957

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

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

John T. Skinner

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>Kansas City</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION <b>3138 Broadway</b> Length of stay in lb <b>Life</b>		d. STREET ADDRESS <b>3138 Broadway</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>AGNES HACKETT</b> First Middle Last			4. DATE OF DEATH <b>Month 10 Day 5 Year 57</b>
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 29, 1877</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		9b. BIRTHPLACE (City and state or country) <b>Kansas City Mo</b>	9. AGE (In years last birthday) <b>80</b> 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) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>John D. Hackett</b>		14. MOTHER'S MAIDEN NAME <b>Mary J. Pryor</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No XX</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Eugenia Hackett, 3138 Broadway, KCMo</b> Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary arteriosclerosis</b> <sup>cellular</sup> DUE TO (c) <b>Fractured left Hip</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>4 weeks</b> <b>7 weeks</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Fell in Bedroom</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>Fell in bedroom.</b>		
20c. TIME OF INJURY <b>10:15 p.m. 8 5-57</b> Hour Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>Kansas City</b>	COUNTY <b>Jackson</b> STATE <b>Mo</b>
21. I attended the deceased from <b>1951</b> to <b>Oct 5, 57</b> and last saw her/him alive on <b>Oct 4-57</b> Death occurred at <b>11:20 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>John T. Skinner MD</b>		22b. ADDRESS <b>1102 Grand KCMO</b>	22c. DATE SIGNED <b>10-6-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-8-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. St. Mary's Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Wagner Funeral Home KCMo</b>		25. DATE RECD. BY LOCAL REG. <b>10-7-57</b>	26. REGISTRAR'S SIGNATURE <b>Reva Minshall</b>

(Licensed Embalmer's Statement on Reverse Side)



10-8-81

**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.....  
*Thomas A. Fack*

Licensed Embalmer No. *499*

P. O. Address.....  
*W.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.