

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022012

STATE FILE NUMBER 2930

FILED JUL 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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) OR TOWN <b>Kansas City,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hosp.</b>	
Length of stay in 1b <b>57 1/2 yrs.</b>		3008 STREET ADDRESS <b>901 W. 104th St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Virginia</b> Middle <b>F.</b> Last <b>Mount</b>		4. DATE OF DEATH Month <b>June</b> Day <b>8</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 9, 1862</b>
9. AGE (In years last birthday) <b>95</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>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Monticello, Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William Pearce</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah</b>		14. NAME OF HUSBAND OR WIFE <b>William Mount</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Wm. J. Pittman, 901 W. 104th St.</b>
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>Bronchopneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>491 x</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Congestive Heart failure</b>			19. WAS AUTOPSY PERFORMED? <b>1</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>July 1, 1957</b> to <b>June 8, 1958</b> and last saw her alive on <b>June 7, 1958</b> Death occurred at <b>9</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>William R. Roberts, M.D.</b> (Degree or title)		22b. ADDRESS <b>2108 W. 75th St.</b>	22c. DATE SIGNED <b>June 9, 1958</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 10, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crescent Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Adair, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Mellody-McGilley-Bylar, 20W. Linwood</b>		25. DATE RECD. BY LOCAL REG. <b>6-10-58</b>	26. REGISTRAR'S SIGNATURE <b>Hera Minakalo</b>

William R. Doherty USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Dr. Wm. P. Oak  
6232 Troost

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03

JA 3-1197

FN 22900

2108 W 75<sup>th</sup>

at 4:30

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 *Arthur E. Hood* .....

Licensed Embalmer No. *4912* .....

P. O. Address *KC 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.