

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044376

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6214

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 (IF NOT IN HOSPITAL, give location) HOSPITAL OR INSTITUTION Little Sisters of the Poor Length of stay in 1b 30 days
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
d. STREET ADDRESS (If outside, give location) 5331 Highland Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First RACHEL Middle SAINGER Last SAINGER
4. DATE OF DEATH Month Dec. Day 28 Year 1958

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH June 7, 1891 9. AGE (In years, last birthday) 67 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (City and state or country) New York, N. Y.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Mr. Donzan 13b. MOTHER'S MAIDEN NAME Rachael Unknown 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. Unknown 17. INFORMANT Address Records of Little Sister's of the Poor

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia (Hypostatic) INTERVAL BETWEEN ONSET AND DEATH 8 days
DUE TO (b) Arterio-sclerosis 10 days
DUE TO (c) Paralysis of lungs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500
19. WAS AUTOPSY PERFORMED? YES NO

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 Month, Day, Year a.m. p.m.

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 Oct. 26, 1954 to 12/28/58 and last saw her alive on 12/27/58
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Ink, name or title) Joseph A. Fogarty 22b. ADDRESS 402 Withersburg St. #697 22c. DATE SIGNED 12/29/58

23a. BURIAL OR CREMATION, REMOVAL (Specify) Removal 23b. DATE 12-29-58 23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Pierce City, Missouri

24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar Funeral Home
Woodland-Linwood 25. DATE RECD. BY LOCAL REG. 12-30-58 26. REGISTRAR'S SIGNATURE Neve Marshall
(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

5. 300
1-57

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 *Melvin Bartson*

Licensed Embalmer No. *4903*

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.