Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-005762

STATE FILE NUMBER 620

FILED FEB 19 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 119 CYPRESS — Length of stay in this place 37 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 X No
d. STREET ADDRESS 119 CYPRESS (If outside, give location) — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print): First PAULINA Middle ORISSA Last MUFF

4. DATE OF DEATH Month FEB Day 1 Year 1959

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐

8. DATE OF BIRTH FEB. 20, 1866

9. AGE (In years last birthday) 92 — 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 HOME

11. BIRTHPLACE (City and state or country) MACON COUNTY, MO.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME T. A. EAGLE

13b. MOTHER'S MAIDEN NAME PAULINA NEWBROUGH

14. NAME OF HUSBAND OR WIFE DECEASED

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT MRS. MARY HERRINGTON Address 119 CYPRESS K. C., MO.

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) Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 11 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — unknown
DUE TO (c) Coronary Sclerosis — unknown
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 1-21-59, to 2-1-59 and last saw her alive on 1-26-59
Death occurred at 2:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. A. Kienberger (Degree or title) M.D.

22b. ADDRESS 5246 St. John

22c. DATE SIGNED 2-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE Feb-3-1959

23c. NAME OF CEMETERY OR CREMATORY Eagledell Cemetery

23d. LOCATION (City, town, or county) (State) Macon County, Mo.

24. FUNERAL DIRECTOR C. H. BLACKMAN & SON, INC. ADDRESS K. C. Mo.

25. DATE RECD. BY LOCAL REG. 2-2-59

26. REGISTRAR'S SIGNATURE Nova Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

P. A. Kienberger

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 Wayne Smith, Student Embalmer No. 567 working under my personal supervision.

Student Wayne Smith
Signature of Student Embalmer

Signed W. C. Rusine

Licensed Embalmer No. 4877

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.