

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009572

STATE FILE NUMBER 1223

FILED MAR 19 1959

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

300  
-57

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) <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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) HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		Length of stay in lb <b>10 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>St. Joseph's Hospital</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Sister Mary Josephine Moreau</b>			4. DATE OF DEATH Month Day Year <b>March 5, 1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</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>July 1, 1890</b>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Orphan's home</b>	9c. AGE (In years and months) <b>68</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Orphan's home</b>	11. BIRTHPLACE (City and state or country) <b>Hancock, Mich.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13. NAME OF HUSBAND OR WIFE <b>None</b>		
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>None</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 <b>Joseph Hoop Records, K.C.-Mo</b> Address

18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Status Asthmaticus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
DUE TO (b) <b>Bronchial asthma</b>		<b>12 yrs</b>
DUE TO (c) <b>141 X</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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
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21. I attended the deceased from **Jan 1949** to **Mar 5, 1959** and last saw her alive on **Mar 4, 1959**  
Death occurred at **5:22 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Martin P. Hunt M.D.</b>	22b. ADDRESS <b>1408 Waldheim Bldg</b>	22c. DATE SIGNED <b>4/6/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>March 7, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>	23d. LOCATION (City, town or county) (State) <b>Kansas City, Mo.</b>
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24. FUNERAL DIRECTOR <b>Melody McGilley-Eyler tinwood</b>	25. DATE RECD. BY LOCAL REG. <b>3-6-59</b>	26. REGISTRAR'S SIGNATURE <b>Irene Marshall</b>
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(Licensed Embalmer's Statement on Reverse Side)

Martin P. Hunt or use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

(K.P.)

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 A. [Signature]*

Licensed Embalmer No. *4373*  
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.