URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 23 1960

60-010938

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1418

ENDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY
Length of stay in 1b 52 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4023 PENN
Inside Limits Yes ☐ No ☐

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) 4023 PENN
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last
MARIE BEAGLES FOX

4. DATE OF DEATH Month Day Year MARCH 6, 1960

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH JUNE 25, 1858
9. AGE (last birthday) 101 yrs.
IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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
11. BIRTHPLACE (City and state or country) LYNN CO MISSOURI
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME JOHN J. BEAGLES
13b. MOTHER'S MAIDEN NAME SALINA DOSCIA JOHNSON
14. NAME OF HUSBAND OR WIFE RICHARD S. FOX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT ARCHIE L FOX Address 3681 MADISON

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 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 Jan 1948, to Mar 6, 1960 and last saw her alive on Feb 22, 1960. Death occurred at 7 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Adrian J. Brown (Degree or title) M.D.
22b. ADDRESS 4526 Paseo KC 10 Mo
22c. DATE SIGNED Mar 7, 60

BY AFFIDAVIT OF Adrian J. Brown

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 3 9 60
23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEM
23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K.C.MO. ADDRESS
25. DATE RECD. BY LOCAL REG. 3-9-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

I

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 4 8 1 2

P. O. Address Kansas

*Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.