

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33549**

Registrar's No. **4556**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 12 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6520 Linden Road		d. STREET ADDRESS (If rural, give location) 6520 Linden Road	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Cornelia P. Fiquet c. (Last) Fiquet			4. DATE OF DEATH (Month) (Day) (Year) Oct 24 1951			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 26 1890	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) McKinney Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Thomas C. Perry	13b. MOTHER'S MAIDEN NAME Sarah M. Freeman	14. NAME OF HUSBAND OR WIFE Louis A. Fiquet
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. None	17. INFORMANT'S SIGNATURE OR NAME Louis A. Fiquet
		ADDRESS 6520 Linden Road K.C. Mo.

18. CAUSE OF DEATH *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH immediate
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none		
	DUE TO (c) none		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			4201

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased **Jan 1942**, to **Oct 24**, 1951, that I last saw the deceased alive on **Oct 24**, 1951, and that death occurred at **7:15 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Hester J. Wilson		23b. ADDRESS Blage Time Bldg KC Mo		23c. DATE SIGNED 10/24/51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Oct 26 1951	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	24d. LOCATION (City, town, or county) (State) ST. JOSEPH MISSOURI	
DATE REC'D BY LOCAL REG. 10-26-51	REGISTRAR'S SIGNATURE Deraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons		
		ADDRESS Kansas City Mo.		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 23 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Charles H. Stebbins

Student Embalmer.....

Student Embalmer

Licensed Embalmer No. *4560*

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 this body is not embalmed, fact should be so stated above.