

FILED APR 25 1955

STANDARD CERTIFICATE OF DEATH

State File No. 11912

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1374

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City township)

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital

STREET ADDRESS (If rural, give location) 73 5000 Oak 3738

3. NAME OF DECEASED (Type or Print) a. (First) Maria b. (Middle) Theresia c. (Last) Fox

4. DATE OF DEATH (Month) (Day) (Year) March 27, 1955

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Oct. 19, 1871

9. AGE (In years last birthday) 83 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 At home

11. BIRTHPLACE (City and State or Foreign Country) Cincinnati, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Von Stuckenburg

13b. MOTHER'S MAIDEN NAME Veronica Batche

14. NAME OF HUSBAND OR WIFE David S. Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Robert H. Doepke - 5000 Oak

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES DUE TO (b) Thrombemic Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 10 days unknown 4201H

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-14, 1955, to 3-27, 1955, that I last saw the deceased alive on 3-27, 1955 and that death occurred at P. m., from the causes and on the date stated above.

23a. SIGNATURE Arthur B. Rhoades (Degree or title) M.D.

23b. ADDRESS 1034 Main, Kansas City, Mo.

23c. DATE SIGNED 3/27/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 3-28-55

24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery

24d. LOCATION (City, town, or county) (State) Cincinnati Ohio

DATE REC'D BY LOCAL REG. 3-28-55 REGISTRAR'S SIGNATURE neva minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mellody-McGilley-Eylar K.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Fox

10/16/64

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 Darteau*

Licensed Embalmer No. *49*
P. O. Address *NC*

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.