

FILED DEC 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38288**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5182

|   |  |   |                                    |
|---|--|---|------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>                                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |                                    |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u> |  | c. LENGTH OF STAY (in this place) <u>54 yrs.</u>  | c. CITY OR TOWN <u>Kansas City</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>                  |  | STREET ADDRESS (If rural, give location) <u>2450 Hardesty</u>   |                                    |

|   |                       |                        |   |
|---|-----------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>MARY</u> | b. (Middle) <u>E.</u> | c. (Last) <u>VIALS</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Nov. 28, 1956</u> |
|---|-----------------------|------------------------|---|

|                      |                               |   |                                   |   |   |   |
|----------------------|-------------------------------|---|-----------------------------------|---|---|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>3/11/1874</u> | 9. AGE (In years) (last birthday) <u>82</u> | 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) <u>At Home</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Danielsonville, Conn.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|---|---|---|

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|--|--|--|
| 13a. FATHER'S NAME <u>George Ankus</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary N. Scoffield</u> | 14. NAME OF HUSBAND OR WIFE <u>William Vials</u> |
|--|--|--|

|  |                                   |   |               |
|--|-----------------------------------|---|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>George V. Vials R.C. Mo.</u> | ADDRESS _____ |
|--|-----------------------------------|---|---------------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Old and recent Myocardial infarction</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4201</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>General arteriosclerosis</u> |  |   |
|   | DUE TO (c) <u>Angina pectoris.</u>  |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Chronic lead pipe disease</u>   |   |  |   |

|                              |  |  |
|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------------|--|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>no</u> |
|--|--|---|

|   |  |                                       |
|---|--|---------------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR <u>None</u> |
|---|--|---------------------------------------|

22. I hereby certify that I attended the deceased from 9-15, 1954, to 11-28, 1956, that I last saw the deceased alive on 11-28, 1956, and that death occurred at 8:00 am., from the causes and on the date stated above.

|                                       |                                     |   |                                  |
|---------------------------------------|-------------------------------------|---|----------------------------------|
| 23a. SIGNATURE <u>W.A. Myers M.D.</u> | (Degree or title) <u>W.A. Myers</u> | 23b. ADDRESS <u>1115 Grand Ave Kansas City Mo 64102</u> | 23c. DATE SIGNED <u>11/28/56</u> |
|---------------------------------------|-------------------------------------|---|----------------------------------|

|  |                           |   |  |
|--|---------------------------|---|--|
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11/30/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> |
|--|---------------------------|---|--|

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| DATE REC'D BY LOCAL REG. <u>11-29-56</u> | REGISTRAR'S SIGNATURE <u>Neva Marshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stine-McClure</u> | ADDRESS <u>3235 Gillham Plaza</u> |
|--|--|---|-----------------------------------|

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

*W. A. Myers*  
*Superior Building*  
*Vi-2-3925*

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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.....

Licensed Embalmer No. *463*

P. O. Address *Kansas City, 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.