FILED APR 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 8793 1289

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

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital — Length of stay in LIFE

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 5845 Grand Ave. (If outside, give location) — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First MARY Middle Last MARRA

4. DATE OF DEATH Month March Day 16 Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Sept 12, 1900

9. AGE (In years last birthday) 56 — 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

11. BIRTHPLACE (City and state or country) Kansas City, Missouri

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

13. FATHER'S NAME John Ribaste

14. MOTHER'S MAIDEN NAME O.K. Clotilda Ribaste

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 Nick Marra Address 5845 Grand Ave. Kansas City, Mo.

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) Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute Myocardial Infarction — 15 days
DUE TO (c) Coronary Artery Sclerosis — 6 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Acute Congestive Failure, 4201

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 3-12-57, to 3-16-57 and last saw her alive on 3-16-57. Death occurred at 7:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Graham Asher (Degree or title) M.D.

22b. ADDRESS 1220 Professional Bldg Kansas City 6, Mo.

22c. DATE SIGNED 3-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE MAR-20-1957

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) Kansas City (State) Mo.

24. FUNERAL DIRECTOR D.W. Newcomers Sons ADDRESS 1331 Brush Creek Blvd K.C. Mo.

25. DATE RECD. BY LOCAL REG. 3.19.57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Graham Asher

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Adrian Jay Stit

Licensed Embalmer No. 48

P. O. Address 5 C,

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