

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

28610

3832

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>18 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>General Hospital No. 1</u>				e. STREET ADDRESS (If rural, give location) <u>1517 White</u>			
3. NAME OF DECEASED (Type or Print) <u>Mattie</u>		a. (First)		b. (Middle)		c. (Last) <u>Foote</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid</u>		8. DATE OF BIRTH <u>1-11-1877</u>	
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>7</u>		11. DAYS <u>31</u>		12. YEAR <u>1953</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>No. Record 9</u>	
12. CITIZEN OF WHAT COUNTRY? <u>-</u>							
13a. FATHER'S NAME <u>John Conote</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Jane Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Stephen D. Foote (Dec)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emmett Foote</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>331X</u>							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
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) (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 from <u>July 17</u> , 19 <u>53</u> , to <u>July 31</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>July 31</u> , 19 <u>53</u> , and that death occurred at <u>9:55P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B.I. Burns</u> (Degree or title)				23b. ADDRESS <u>24th & Cherry</u>		23c. DATE SIGNED <u>8-3-53</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/3/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LATHAM</u>		24d. LOCATION (City, town, or county) (State) <u>LATHAM Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-3-53</u>		REGISTRAR'S SIGNATURE <u>Maude Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Shiel</u>		ADDRESS <u>K.C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Richard E. Carroll*

Licensed Embalmer No. *4829*

P. O. Address *N. C. No.*

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.