

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **19468**

2585

BIRTH NO. _____		REG. DIST. NO. <u>147</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2585</u>	
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 town) Kansas City		c. LENGTH OF STAY (In this place) 75 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION Major Clinic, 3100 Euclid				d. STREET ADDRESS (If rural, give location) 423 Gladstone Blvd.			
3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL		b. (Middle) E.		c. (Last) CASEY		4. DATE OF DEATH (Month) (Day) (Year) 6 14 49	
5. SEX Ma		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2-1-1870	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR (Months) (Days)		IF UNDER 2 HRS. (Hours) (Min.)			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer & State Sen.		10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (State or foreign country) Williamsport, Pa. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John J. Casey		13b. MOTHER'S MAIDEN NAME Mary -		14. NAME OF HUSBAND OR WIFE Margarét M. Casey			
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 Frank B. Casey, R #9, K. C. Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Occlusion of the coronary arteries ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombosis about 6 days DUE TO (c) Cerebral arteriosclerosis with II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility 332 X several yrs				INTERVAL BETWEEN ONSET AND DEATH Scalen	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 June 9th, 1949 , to June 14th, 1949 , that I last saw the deceased alive on June 14th, 1949 , and that death occurred at 1:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Hermon S. Major (Degree or title)				23b. ADDRESS 3100 Euclid Ave Kansas City, Mo		23c. DATE SIGNED 6/14/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-17-49		24c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 6-15-49		REGISTRAR'S SIGNATURE M. Holmes		25. FUNERAL DIRECTOR'S SIGNATURE J. W. Wagner		ADDRESS K. C. Mo.	

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 _____

Basil V Honey

Student Embalmer No. *301*

working under my personal supervision.

Student *Basil V Honey*
Student Embalmer

Signed *Alvin R. Harnschel*

Licensed Embalmer No. *4159*

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