

FILED OCT 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **30412**REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3962**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>3962</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Colorado</b> b. COUNTY <b>Fremont</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>5 mos.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Florence</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Devine Bros. Clinic</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Dennis</b>		b. (Middle) <b>O.</b>		c. (Last) <b>McCue</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 13, 1949</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>May 26, 1880</b>	
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Real Estate</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>West Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Don't Know</b>		13b. MOTHER'S MAIDEN NAME <b>Don't Know</b>		14. NAME OF HUSBAND OR WIFE <b>Don't Know</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Don't Know</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Clara Wishart, 6337 Walnut</b>			
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) <b>Urosepsis associated with ascending infection of urinary tract.</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Purulent urinary cystitis</b> DUE TO (c) <b>Enlargement prostate gland.</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>6/10</b>				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 <u>June 4</u> , 19 <u>49</u> , to <u>Sept. 12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept. 12</u> , 19 <u>49</u> , and that death occurred at <u>12:30P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>G. M. Jaquiss MD</b> (Degree or title)				23b. ADDRESS <b>918 Oak St. Kansas City, Mo</b>		23c. DATE SIGNED <b>9/15/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>9-17-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>9-15-49</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Freeman Mortuary, Kansas City, Missouri</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 6 1949

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 \_\_\_\_\_  
Student Embalmer

Signed

*Willis H. Bennett*

Licensed Embalmer No. *4438*

P. O. Address: *K. C. 700*

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.