

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4855
453

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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 township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2632 SUMMIT STREET		d. STREET ADDRESS (If rural, give location) 2632 SUMMIT STREET	

3. NAME OF DECEASED (Type or Print) a. (First) MARGARET	b. (Middle)	c. (Last) MONGOVEN	4. DATE OF DEATH (Month) (Day) (Year) 1 28 51
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 11-1-1875	9. AGE (In years last birthday) (Specify) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) KANSAS CITY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.S.A.
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13a. FATHER'S NAME TIMOTHY SCANLON	13b. MOTHER'S MAIDEN NAME HONORA EGAN	14. NAME OF HUSBAND OR WIFE --
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME JOHN S. SULLIVAN	ADDRESS 800 WEST 68TH TERR.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Two years 154X One month
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ADENOCARCINOMA OF THE RECTUM		
	ANTECEDENT CAUSES Morbid 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. UREMIA			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION ADENOCARCINOMA OF THE RECTUM	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept. 9, 1949, to Jan. 28, 1951, that I last saw the deceased alive on Jan. 18, 1951, and that death occurred at 12:50a, from the causes and on the date stated above.

23a. SIGNATURE Geo. H. Thiele MD (Degree or title)	23b. ADDRESS 411 Alameda Road, K.C. Mo.	23c. DATE SIGNED Jan. 30, '51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-31-51	24c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's Cemetery	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.
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DATE REC'D BY LOCAL REG. 1-31-51	REGISTRAR'S SIGNATURE Seraldine Holmes	FUNERAL DIRECTOR'S SIGNATURE J. J. [Signature]	ADDRESS 3256 BROADWAY
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

GEO. H. THIELE M.D.
PLAZA TIME BLDG.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John W. Laybourne

Licensed Embalmer No. 1715

Signed.....

Student Embalmer

P. O. Address. K. E. Me.

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.

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