

THE DIVISION OF HEALTH OF MISSOURI

FILED MAR 31 1951 STANDARD CERTIFICATE OF DEATH

State File No. 8653
1190

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 town) Kansas City		c. LENGTH OF STAY (In this place township) 70 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 4326 Madison	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4326 Madison				d. STREET ADDRESS (If rural, give location) 4326 Madison			
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) A.		c. (Last) MC DONALD		4. DATE OF DEATH (Month) (Day) (Year) March 15, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-15-1874		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James L. DeWitt			13b. MOTHER'S MAIDEN NAME Mary H. DeHardt		14. NAME OF HUSBAND OR WIFE Jas. D. McDonald		
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 ADDRESS L. D. McDonald, 4326 Madison, 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Hypertensive and Arteriosclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 9 hours 9 hours. more than 3 years. 4200	
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) m.		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 15 March, 1951 , to 15 March, 1951 , that I last saw the deceased alive on 15 March, 1951 , and that death occurred at 9:40 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Philip G. Kaul (Degree or title) MD MD.				23b. ADDRESS 411 Nichols Road.		23c. DATE SIGNED 16 march 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-19-51	24c. NAME OF CEMETERY OR CREMATORY Mount St. Mary's		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. 3-17-51		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Faul
175

411 al.

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 _____

Adrian J. Stett

Student Embalmer No. *425*

working under my personal supervision.

Student *Adrian Jay Stett*
Student Embalmer

Signed *Herb E. Neek*

Licensed Embalmer No. *4063*

P. O. Address *H. E. 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.