

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37353**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4886

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

3438
3430

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) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 35 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Campbell Nursing Home		d. STREET ADDRESS (If rural, give location) 2905 Campbell	
3. NAME OF DECEASED a. (First) Margaret (Type or Print)		b. (Middle) A.	
c. (Last) Horgan		4. DATE OF DEATH (Month) (Day) (Year) Nov. 13 1951	
5. SEX Fe.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 14, 1877
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days	
IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired housewife		10b. KIND OF BUSINESS OR INDUSTRY self employed	
11. BIRTHPLACE (State or foreign country) Carrollton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Grincil		13b. MOTHER'S MAIDEN NAME Emily Spalding	
14. NAME OF HUSBAND OR WIFE Michael F. Horgan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) XX		16. SOCIAL SECURITY NO. XX	
17. INFORMANT'S SIGNATURE OR NAME Mrs. E. C. Teubel		ADDRESS 4304 Troost	
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation, Myocardial failure ANTECEDENT CAUSES DUE TO (b) General arteriosclerosis, chronic DUE TO (c) myocarditis and cirrhosis of liver II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
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) Kansas City Jackson Missouri			
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>Aug. 10, 1951</u> , to <u>Nov. 11, 1951</u> , that I last saw the deceased alive on <u>Nov. 11, 1951</u> , and that death occurred at <u>2 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Edward C. Teubel (Degree or title)		23b. ADDRESS 4304 Troost, Kansas City, Mo	
23c. DATE SIGNED Nov. 14, 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Nov. 15, 1951	
24c. NAME OF CEMETERY OR CREMATORY St. Mary's		24d. LOCATION (City, town, or county) (State) 23rd & Norton K.C. Mo.	
DATE REC'D BY LOCAL REG 11-15-51		REGISTRAR'S SIGNATURE Geraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE Bentley Mortuary		ADDRESS 5811 Troost	

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 Guy Buffington

Signed.....
Student Embalmer

Licensed Embalmer No. 2756

P. O. Address N.C. Md.

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.