

FILED MAR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5128

912

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>4</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City Mo.</u> c. LENGTH OF STAY (in this place) <u>18 mos.</u>		c. CITY OR TOWN <u>Kansas City, Mo.</u> <u>3067</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Nursing</u>		d. STREET ADDRESS (If rural, give location) <u>425 N. Drury</u>	
3. NAME OF DECEASED a. (First) <u>Sarah</u> b. (Middle) <u>M.</u> c. (Last) <u>McGhee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>26</u> <u>52</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>8-14-1860</u>
9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Dixon</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Dickson</u>	
14. NAME OF HUSBAND OR WIFE <u>William J. McGhee</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bern B. Wall</u>		ADDRESS <u>Kansas City, Mo.</u>	
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) <u>Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>450°</u>	
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 <u>1-1-52</u> , 19 <u>52</u> , to <u>2-26-52</u> , that I last saw the deceased alive on <u>2-26-52</u> , 19 <u>52</u> , and that death occurred at <u>4 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank Paul Laurezana</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>428 1/2 W. White Ave</u>	
23c. DATE SIGNED <u>2-26-52</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>2/28/1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Windsor Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Windsor Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-26-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmead</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Heckart</u>		ADDRESS <u>Sedalia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Russell C. Maag

Signed.....
Student Embalmer

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.