

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20398

2914

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar No. <u>2914</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>7310 Forest</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>			b. (Middle) <u>Agnes</u>		c. (Last) <u>CONNORS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 3, 1881</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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 (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Michael Murphy</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Grady</u>		14. NAME OF HUSBAND OR WIFE <u></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 ADDRESS <u>Miss Agnes L. Connors, 7310 Forest</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>				INTERVAL BETWEEN DEATH AND DEATH <u>331X</u> <u>470</u>	
19a. DATE OF OPERATION <u>6/21/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Procedentia uterine suspension</u>				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) (Min.)		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>4/28</u> , 19 <u>52</u> , to <u>6/27</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6/27</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph A. Fogarty</u> (Degree or title)				23b. ADDRESS <u>402 Withman Bk Bldg</u>		23c. DATE SIGNED <u>6/27/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-30-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. St. Marys Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>K.C., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-27-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mallody-McGilley-Eylar</u>		ADDRESS <u>K.C., Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Fogarty
Wirtham Bldg.
31st. & Troost
Until 6 P.N. Fri.

201207

STATEMENT BY LICENSED EMBALMER

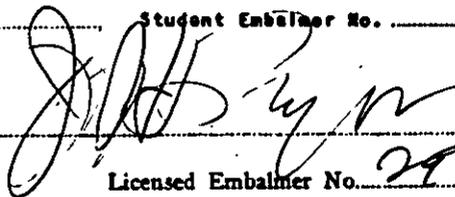
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student

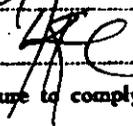
Student Embalmer

Signed



Student Embalmer No.

Licensed Embalmer No. 2997

P. O. Address.....


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.