

FILED FEB 9 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1526

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo 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	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kansas City Tuberculosis Hosp.		d. STREET ADDRESS (If rural, give location) 1001 1/2 East 18th	

3. NAME OF DECEASED (Type or Print) Eddie Mc Cager			4. DATE OF DEATH (Month) (Day) (Year) 1 3 53		
5. SEX Male	6. COLOR OR RACE color	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1903-Sept 14		9. AGE (In years last birthday) 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10b. KIND OF BUSINESS OR INDUSTRY COULSING		11. BIRTHPLACE (State or foreign country) Wabbeseta Ark.	

13a. FATHER'S NAME James Mc Cager		13b. MOTHER'S MAIDEN NAME Hattie Lusk		14. NAME OF HUSBAND OR WIFE Ruth Mc Cager	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-125-975		17. INFORMANT'S SIGNATURE OR NAME Mrs. Schomper - General Hosp. #1	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH
	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.		

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)		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 ~~Nov 5, 1952~~ to Jan 3, 1953, that I last saw the deceased alive on Jan 3, 1953, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE Edward P. Attomare (Degree or title) M.D. K.C. J.B. Hospital		23b. ADDRESS		23c. DATE SIGNED 1-3-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-9-53		24c. NAME OF CEMETERY OR CREMATORY Wood Lawn		24d. LOCATION (City, town, or county) Kansas City, Kas	
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DATE REC'D BY LOCAL REG. 1-8-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS Brigham & Jones 2300 East 18th	
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(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.....

*Lawrence A. Jones*

Signed.....

Student Embalmer

Licensed Embalmer No. *4429*

P. O. Address *2300 East 18<sup>th</sup> St.*

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.