

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1535
 Registrar's No. 213

FILED FEB 14 1953

BIRTH NO. 51177 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

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) life		d. STREET ADDRESS (If rural, give location) 3929 Manheim Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Deborah		b. (Middle) G.	
c. (Last) McManus		4. DATE OF DEATH (Month) (Day) (Year) 1 15 53	
5. SEX Fe	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 25, 1952
9. AGE (In years last birthday) 5		IF UNDER 1 YEAR: Days 20	
IF UNDER 24 HOURS: Hours 20		IF UNDER 60 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas H. McManus		13b. MOTHER'S MAIDEN NAME Betty Bernard	
14. NAME OF HUSBAND OR WIFE None			
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 T. H. McManus		ADDRESS 3929 Manheim Rd., KCMO.	
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) Interstitial Pneumonia	
ANTECEDENT CAUSES DUE TO (b) Right Otitis Media		INTERVAL BETWEEN ONSET AND DEATH 1 day	
DUE TO (c) Upper respiratory Infection		3 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Irritation Convulsions		4 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 475X	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Jan. 12, 1953 , to Jan. 15, 1953 , that I last saw the deceased alive on Jan 12, 1953 , and that death occurred at 3:30A m. , from the causes and on the date stated above.			
23a. SIGNATURE Charles J. Eldridge (Degree or title) M.D. O		23b. ADDRESS 6247 Brookside	
23c. DATE SIGNED Jan 15 '53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-16-53	
24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET		24d. LOCATION (City, town, or county) (State) KANSAS CITY MO.	
DATE REC'D BY LOCAL REG. 1-15-53		REGISTRAR'S SIGNATURE Seraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS KCMO.	

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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Alex E. Feck

Licensed Embalmer No. 4063

P. O. Address V.C. 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.