No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 7 - 1953

State File No. 6125

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 904

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1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 405. E. Armour

3508

3. NAME OF DECEASED (Type or Print)
a. (First): Cecelia
b. (Middle): E.
c. (Last): Magrath

4. DATE OF DEATH (Month) 2 (Day) 10 (Year) 53

5. SEX: Fe. 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: 5-13-1900
9. AGE (In years last birthday): 52 — 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): Secreterial Work
10b. KIND OF BUSINESS OR INDUSTRY: Broth. RR Trainman
11. BIRTHPLACE (City and State or Foreign Country): Williamsburg, Ks. 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Michael Magrath
13b. MOTHER'S MAIDEN NAME: Mary A. McDonald
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 513-20-2608
17. INFORMANT'S SIGNATURE OR NAME: Jean Mcgrath — ADDRESS: St. Joseph Hospital 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH: Jan 1953

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Thyro-toxic goiter — Nov 1952
~~DUE TO (c)~~: Diabetes Mellitus — May 1951

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Bronchio-genic Carcinoma — Dec 52

19a. DATE OF OPERATION: X
19b. MAJOR FINDINGS OF OPERATION: night long 1521
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): X
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: X
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: X

22. *I hereby certify that I attended the deceased from* 6/11, 1947 *to* 2/10, 1953 *that I last saw the deceased alive on* Feb 10, 1953 *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lyle G. Willits (Degree or title) — Lyle G. Willits M.D.
23b. ADDRESS: MD 1103 Grand Ave
23c. DATE SIGNED: 2/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-12-53
24c. NAME OF CEMETERY OR CREMATORY: St. Patricks
24d. LOCATION (City, town, or county) (State): Emerald Kansas

DATE REC'D BY LOCAL REG.: 2-11-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: Mellody-McGilley-Eylar — ADDRESS: KCMO.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Wichita
Pry. Bg.

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 Arthur Eugene Hook

Licensed Embalmer No. 4912

P. O. Address K.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.