

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24974**
3666
Registrar's No. _____

FILED AUG 13 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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 town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 55 yrs		d. STREET ADDRESS (If rural, give location) 188 Pennvalley Park	
d. FULL NAME OF HOSPITAL OR INSTITUTION 188 Pennvalley Park		44 188 Pennvalley Park	
3. NAME OF DECEASED (Type or Print) Mrs. Dorothy S McGirr		4. DATE OF DEATH (Month) (Day) (Year) July 22, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 19, 1866
9. AGE (in years; last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME Daniel Stuckey	13b. MOTHER'S MAIDEN NAME Margaret Cunningham	14. NAME OF HUSBAND OR WIFE Thomas McGirr-Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. *****	17. INFORMANT'S SIGNATURE OR NAME Mrs. Loretto Lemken ADDRESS 188 Pennvalley Park

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Cervix & probable metastasis		INTERVAL BETWEEN ONSET AND DEATH 3
	ANTECEDENT CAUSES Morbidity 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. Myocardial insufficiency, arteriosclerosis, gen. secon.		

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 <input type="checkbox"/> HOME <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. 4, 1952** to **July 22, 1953**, that I last saw the deceased alive on **June 22, 1953** and that death occurred at **9:20 a.m.** from the causes and on the date stated above.

23a. SIGNATURE Paul E. Pearson (Degree or title) D.D.	23b. ADDRESS 1025 Pratt Bldg. K.C. Mo.	23c. DATE SIGNED 7/4/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 25, 1953	24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		

DATE REC'D BY LOCAL REG. 7-25-53	REGISTRAR'S SIGNATURE Steraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Quirk & Tobin ADDRESS 20 West Linwood
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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.....
Student Embalmer

Signed *Forrest D. Caldwell*.....

Licensed Embalmer No. *E 714*.....

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.