

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1419

State File No. _____

399

FILED FEB 11 1954

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>4320 Wyoming</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4320 Wyoming</u>		3. NAME OF DECEASED a. (First) <u>EDWARD</u> b. (Middle) <u>ALLAN</u> c. (Last) <u>McPHAIL</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23, 1954</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 15, 1888</u>	
9. AGE (in years: last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Locomotive Eng.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Terminal Railway</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DeSoto, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Thomas Edward McPhail</u>	
13b. MOTHER'S MAIDEN NAME <u>Sally Huff</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Lucy McPhail</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucy McPhail, K.C. Missouri</u>		ADDRESS <u>K.C. Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>One hour</u>	
DUE TO (c) <u>Hypertension</u>		<u>15 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Edema of toes</u>		<u>3 years</u>	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION		<u>2007</u>	
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 <u>Dec 2, 1953</u> , to <u>Jan 23, 1954</u> , that I last saw the deceased alive on <u>Jan 23, 1954</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. W. BRADSHAW, M.D.</u>		23b. ADDRESS <u>3527 Broadway K.C. Mo.</u>	
23c. DATE SIGNED <u>Jan 25, 54</u>		24. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-26-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>		24d. NAME OF CEMETERY OR CREMATORY <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-25-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>GATES FUNERAL HOME, K.C. KANSAS</u>		ADDRESS <u>K.C. KANSAS</u>	

Dr. Graue
3527 Broo
WE 5522
Between

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 *Jimmy S. Wickham*
Licensed Embalmer No. 4092

P. O. Address Missouri, 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.