

18263

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5220 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Cass.</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>Rural, Coldwater Twp., New Era.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Missouri.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at well at Calvert School Near Lisle, Missouri.</u>		d. STREET ADDRESS (If rural, give location) <u>1221 East Meyer Blvd.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>RAMSEY</u>	c. (Last) <u>McBRIDE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July, 3, 1954</u>
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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>May, 14, 1894.</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hour _____	Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. High School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Doniphan, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>John McBride.</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Kinney.</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Ivil I. McBride.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>712-09-6979</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>D. K. James, Kansas City, Kans</u>
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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 <u>4216 Strong Ave.</u>		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage - Sudden death.</u>		
	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"/>
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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) (M.)	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 Deceased when seen, 19 , that I last saw the deceased alive on , 19 , and that death occurred at 1:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David A. Hartwell M.D.</u>	23b. ADDRESS <u>Drexel, Missouri.</u>	23c. DATE SIGNED <u>7/3/54.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal.</u>	24b. DATE <u>July, 3, 54.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas.</u>
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DATE REC'D BY LOCAL REG. <u>7/5/54.</u>	REGISTRAR'S SIGNATURE <u>Nora Barward</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. Butler Sons Kansas City</u>
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(Licensed Embalmer's Statement on Reverse Side)

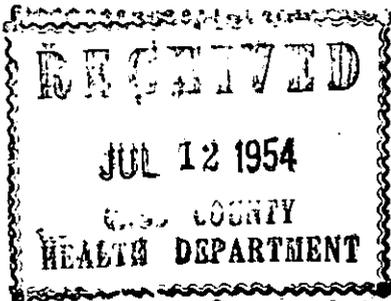
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 13 1954

No. 300

10-68

0190



JUL 13 1954

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 Donan K. James

Licensed Embalmer No. 4828

P. O. Address K. E. K.

* 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.