

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22940**

BIRTH NO. **43032-54** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2969**

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

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY OR TOWN KANSAS CITY c. LENGTH OF STAY (In this place) 1 DAY d. FULL NAME OF HOSPITAL OR INSTITUTION LAKESIDE HOSPITAL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 114 3416 EAST 75th STREET	
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) CATHERINE c. (Last) CASEY		4. DATE OF DEATH (Month) (Day) (Year) JUNE 27, 1954	
5. SEX <input checked="" type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JUNE 26, 1954
9. AGE (In years last birthday) 28 1/2	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI
12. CITIZENSHIP OF WHAT COUNTRY? USA		13a. FATHER'S NAME LEON CASEY	
13b. MOTHER'S MAIDEN NAME EMILY HOUSEN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. EMILY CASEY	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MASSIVE BILATERAL ATELECTASIS		INTERVAL BETWEEN ONSET AND DEATH	
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.		7620	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 June 26, 1954, to June 27, 1954, that I last saw the deceased alive on June 27, 1954, and that death occurred at 11:45 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Friedman Weinberg (Degree or title) Dr. Friedman Weinberg		23b. ADDRESS 7204 Prospect	
23c. DATE SIGNED 6/29/54		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE JUNE 30, 1954	24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 6-30-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE N.A. Newcomer	
ADDRESS 1331 BRUSH CREEK		ADDRESS 1331 BRUSH CREEK	

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.....
Signature of Student Embalmer

Signed *Willie Jesse*.....

Licensed Embalmer No. *469*.....

P, O. Address *A.C.W.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.