

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27561**  
**3697**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

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 township) OR TOWN **Kansas City**

c. CITY OR TOWN **Kansas City**

d. Is residence within limits of a city or incorporated town? Yes  No

c. LENGTH OF STAY (in this place) **17 yrs.**

f. STREET ADDRESS (If rural, give location) **3634 Forest**

3. NAME OF DECEASED  
a. (First) **PATRICK** b. (Middle) **J.** c. (Last) **NACY**

4. DATE OF DEATH (Month) (Day) (Year) **7 28 54**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **1-22-1885**

9. AGE (In years last birthday) **69**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Shoemaker**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) **Jefferson City, Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Peter Nacy**

13b. MOTHER'S MAIDEN NAME **HONORA H. COLLINS**

14. NAME OF HUSBAND OR WIFE **Mary S. Nacy**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Honora Nacy-3634 Forest-Kansas City, Mo.**

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) **Cerebral Throbois**

INTERVAL BETWEEN ONSET AND DEATH **7-14-54**

\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES  
DUE TO (b) **Diabetes**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

Many years

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

**260X**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **7-23-54**, 19**7-28-54**, 19\_\_\_\_, that I last saw the deceased alive on **7-28-54**, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE **V.W. Harned** (Degree or title) **D.D.**

23b. ADDRESS **402 Wirthman Bldg Kansas City Mo**

23c. DATE SIGNED **7-28-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **7/30/54**

24c. NAME OF CEMETERY OR CREMATORY **MT. OLIVET**

24d. LOCATION (City, town, or county) (State) **KANSAS CITY, MISSOURI**

DATE REC'D BY LOCAL REG. **7-28-54** REGISTRAR'S SIGNATURE **Seraldine Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Mellody-McGilley-Eyler-Kansas City, Mo.**

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

V.W. Harned 80  
# 1207 Workman  
11 to 5:30

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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 *James Hacklem*.....

Licensed Embalmer No. *415*.....

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