

FILED JAN 5 1955

CERTIFICATE OF DEATH

State File No. 41092

5815

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5815	
I. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		a. STATE MO		b. COUNTY Jackson	
c. LENGTH OF STAY (in the place) 1 wk		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"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewell Nursing Home				STREET ADDRESS (If rural, give location) 623 Euclid 3178			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX M	
a. (First) William D		b. (Middle) J		c. (Last) McPHAIL		6. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 9/11/1879		9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State; Foreign Country) Scotland 4		12. COUNTRY OF WHAT COUNTRY USA	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. 500-12-5530		17. INFORMANT'S SIGNATURE OR NAME M. Jewell		ADDRESS 623 Euclid	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUE TO (b) Arteriosclerosis		2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)				3 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 9-1-53, 19___, to 12-17-54, 19___, that I last saw the deceased alive on 12-17-54, 19___, and that death occurred at 5:40 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Frank P. Laurenzana (Degree or title) MD				23b. ADDRESS 428 South White Ave		23c. DATE SIGNED 12-17-54	
24a. BURIAL, CREMA TION, REMOVAL (Specify) Removal		24b. DATE 12-20-1954		24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cem		24d. LOCATION (City, town or county) (State) Kansas City, Kans	
DATE REC'D BY LOCAL REG. 12-20-54		REGISTRAR'S SIGNATURE Neva Marshall		FUNERAL DIRECTOR'S SIGNATURE Fortunato Amor		ADDRESS KC MO	

(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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Leonard Passantino*

Licensed Embalmer No. *455*

P. O. Address... *Ke 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.