

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4679

State File No.

805

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>JACKSON</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>CASS</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship) OR TOWN <u>KANSAS CITY, MO.</u>		c. CITY OR TOWN <u>GARDEN CITY</u>	
c. LENGTH OF STAY (in this place) <u>26 days</u>		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 <u>ST. LUKE'S Hospital</u>		STREET ADDRESS (If rural, give location) <u>0190</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>WILLIAM</u>	b. (Middle) <u>STEELE</u>	c. (Last) <u>CARY Jr.</u>	8 (Month) (Day) (Year) <u>FEB 22 '55</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>11-8-23</u>		9. AGE (In years last birthday) <u>31</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Invalid</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Garden City, Missouri</u>	
13a. FATHER'S NAME <u>William Steele Cary Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Esma Wheeler</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Cary</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>W.W. II</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. W.S. Cary Sr.</u>	
				ADDRESS <u>Garden City, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic pyelonephritis with UREMIA</u>		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Traumatic transection of spinal cord (war wound)</u>		<u>10 yrs</u>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<u>E 7165X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>40</u>	
				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 <u>Jan 26, 1955</u> , to <u>Feb 22, 1955</u> , that I last saw the deceased alive on <u>Feb 21, 1955</u> , and that death occurred at <u>6:15 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John F. McDonnell, M.D.</u> (Degree or title)			23b. ADDRESS <u>315 Nichols Road Kansas City 13 Mo.</u>		23c. DATE SIGNED <u>Feb 22, 55</u>
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>burial</u>		24b. DATE <u>Feb. 25-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Garden City Crematory</u>	
				24d. LOCATION (City, town, or county) (State) <u>Garden City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-22-55</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkinson + Perry</u>	
				ADDRESS <u>Garden City, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side) By Sidmon's

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

No. 300
10-48

FILED MAR 15 1955

FEB 17 1956

JUL 9 1956

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.....

John P. Sudmo
Licensed Embalmer No. 453
P. O. Address Kansas

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.