

FILED MAY 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15527

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1881

1. PLACE OF DEATH a. COUNTY <u>Jackson</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>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 Yrs</u>		STREET ADDRESS (If rural, give location) <u>23 2112 Askew</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARK</u> b. (Middle) <u>C.</u> c. (Last) <u>MAGEL SR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 28, 1955</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>May 29, 1907</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 14 Wks. Hours Min. <u>47</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Optician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Caldwell Optical Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Burlington, Iowa</u>	
13a. FATHER'S NAME <u>Wm Magel</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Here</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Carrie M. Magel</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>478-10-5219</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Carrie M. Magel 2112 Askew K.C.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Atherosclerosis of arteries of coronary &amp; abdominal vessels</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>(Heart) moderate vessel and stenosis</u>		DUE TO (b) <u>Atherosclerosis of arteries</u>		DUE TO (c) <u>5 hours</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Atherosclerosis: infarcted filly, half of stomach contents absent &amp; colon resected</u>		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) <u>Kansas City, Jackson Co., Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 Feb 24, 1955, to April 28, 1955, that I last saw the deceased alive on Apr 28, 1955, and that death occurred at 4:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. Stanley Morest, M.D.</u>		23b. ADDRESS <u>1103 1/2 Park Ave.</u>		23c. DATE SIGNED <u>4-29-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 2, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>QUIRK &amp; TOBIN, 20 WEST Linwood K.C.</u>			

DATE REC'D BY LOCAL REG. <u>4-29-55</u>		REGISTRAR'S SIGNATURE <u>Neve Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>QUIRK &amp; TOBIN, 20 WEST Linwood K.C.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
F. Stanley Morest

2110142

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 *Ernest D. Goldenow*

Licensed Embalmer No. *4714*

P. O. Address *K.C. 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.