

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21508

2832

BIRTH NO. _____ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

| | | | | | | | | | |
|--|--|--|--|--|--|---|--|----------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY CLAY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY | | | | | |
| b. CITY OR TOWN KANSAS CITY NORTH | | c. LENGTH OF STAY (in this place) 2 mos | | c. CITY OR TOWN KANSAS CITY NORTH | | 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 513 E 42ND TERR NORTH | | | | STREET ADDRESS (If rural, give location) 513 E 42ND ST. NORTH | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MARY | | b. (Middle) M A E | | c. (Last) Mc KENZIE | | 4. DATE OF DEATH (Month) (Day) (Year) JULY 3 1955 | | | |
| 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | | 8. DATE OF BIRTH JUNE 1 1888 | | | |
| 9. AGE (In years last birthday) 67 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY HOME | | 11. BIRTHPLACE (City and State or Foreign Country) DAVIS CITY IOWA | | 12. COUNTRY OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME KINDRED | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE CLARENCE C. McKENZIE | | | | | |
| 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. CECILEMMON ADDRESS 513 E 42ND ST. N | | | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism To Left Internal Carotid artery and to Right Iliac artery | | | | DUE TO (b) Embolism from Heart | | | | 2 wks | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (c) Rheumatic Cardiovascular Disease mitral Stenosis - Atricular fibrillation | | | | 6 hours | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | 4201 | |
| | | | | | | | | 5 yrs | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) | | 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 1, 1955 , to July 3, 1955 , that I last saw the deceased alive on July 3, 1955 , and that death occurred at 6 P.M. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Edw. H. Fischer (Degree or title) M.D. | | | | 23b. ADDRESS 306 E 21st North Kansas City Mo | | 23c. DATE SIGNED 7-4-55 | | | |
| 24a. BURIAL CREMATION REMOVAL (Specify) REMOVAL | | 24b. DATE 7/5/55 | | 24c. NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY | | 24d. LOCATION (City, town, or county) (State) BROOKFIELD MISSOURI | | | |
| DATE REC'D BY LOCAL REG. 7-4-55 | | REGISTRAR'S SIGNATURE Neva Marshall | | 25. FUNERAL DIRECTOR'S SIGNATURE Clifton L. Kelley ADDRESS Indian Mo | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

