

FILED MAR 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **4944**  
**855**

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>11</b> yrs.		c. CITY OR TOWN <b>Kansas City</b>		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 <b>General Hospital No. 1</b>				STREET ADDRESS (If rural, give location) <b>5331 Highland</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>			b. (Middle)		c. (Last) <b>McDonald</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 24 1956</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, OR WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>2-14-1863</b>		9. AGE (In years last birthday) <b>93</b>	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) <b>None</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		
13a. FATHER'S NAME <b>John Mc Donald</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Reynolds</b>			14. NAME OF HUSBAND OR WIFE <b>none</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mother Ludvine Little Sisters of the Poor.</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture of right hip 9040</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>21</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Above address</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>18 Kansas City, Jackson, Missouri</b>					
21d. TIME OF INJURY <b>2 17 1956</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fall in home</b>					
22. I hereby certify that I attended the deceased from <b>Feb. 17</b> , 19 <b>56</b> , to <b>Feb. 24</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>Feb. 24</b> , 19 <b>56</b> , and that death occurred at <b>12:15 Am.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <i>B. I. Burns, M.D.</i>				B. I. Burns (Degree or title)		23b. ADDRESS <b>24th &amp; Cherry</b>		23c. DATE SIGNED <b>2-24-1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 25, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Clivet</b>		24d. LOCATION (City, town, or county) (State) <b>Hickman Mills, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>2-25-56</b>		REGISTRAR'S SIGNATURE <i>Neve Marshall</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thos. E. Quirk 4316 Troost Ave. K.C. Mo.</b>				

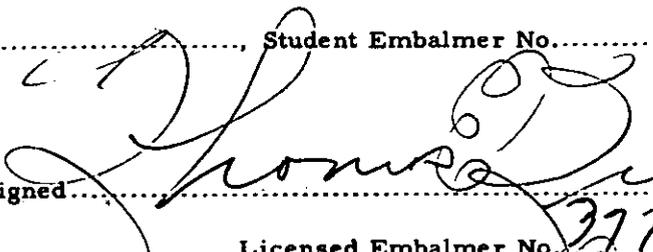
(Licensed Embalmer's Statement on Reverse Side)

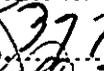
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....  


Licensed Embalmer No.....  


P. O. Address.....

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.