

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **6853**
868BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission before)	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Employes Hospital		STREET ADDRESS (If rural, give location) 2700 Woodend	
3. NAME OF DECEASED (Type or Print) a. (First) Martin		b. (Middle) John	
c. (Last) McCaffrey		4. DATE OF DEATH (Month) (Day) (Year) 1 24 56	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-15-1893
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Car Foreman		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? America		13a. FATHER'S NAME Patrick	
13b. MOTHER'S MAIDEN NAME Catherine Gaffey		14. NAME OF HUSBAND OR WIFE Ruth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 702-07-5715	
17. INFORMANT'S SIGNATURE OR NAME Ruth McCaffrey		ADDRESS 2700 Woodend Kansas City	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Urinary Bladder; metastatic carcinoma to pelvis and spine.	
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. Myocardial insufficiency with cardiac failure.	
19a. DATE OF OPERATION 7-1-54		19b. MAJOR FINDINGS OF OPERATION to sigmoid.	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 181x	
22. I hereby certify that I attended the deceased from July 19th, 1955, to Jan. 24th, 1956 , that I last saw the deceased alive on Jan. 24th, 1956 , and that death occurred at 12:00 m., from the causes and on the date stated above.			
23. SIGNATURE V. W. Hollo, M.D.		23b. ADDRESS 4960 Laclede Avenue St. Louis, Missouri	
23c. DATE SIGNED 1-25-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 1-25-56		24c. NAME OF CEMETERY OR CREMATORY Kansas City, Kansas	
24d. LOCATION (City, town, or county) (State) Kansas City, Kansas		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
DATE REC'D BY LOCAL REG. JAN 25 1956		ADDRESS 4700 Washington Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

MS SEP 17 1959

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 *Robert M. Murray*

Licensed Embalmer No. *37*

P. O. Address *St. Louis*

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.