

FILED JUL 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20600

State File No.

BIRTH NO. 11061 REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2648

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>2 days</u>		e. STREET ADDRESS (If rural, give location) <u>10901 East 49th St. 3001</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>KATHLEEN</u> c. (Last) <u>McCASLAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 15 56</u>			
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED (Specify) <u>NEVER MARRIED</u> WIDOWED, DIVORCED (Specify) <u>XX</u>	8. DATE OF BIRTH <u>9-16-1954</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months Days <u>8 29</u>	IF UNDER 24 HRS. Hours Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XX</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wm. L. McCasland</u>		13b. MOTHER'S MAIDEN NAME <u>L. Patricia Carleton</u>		14. NAME OF HUSBAND OR WIFE <u>XX</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>XX</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. L. McCasland, 10901 E. 49th St.</u>		ADDRESS <u>10901 E. 49th St.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>193X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Tumor, malignant</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 12, 1956 to June 15, 1956, that I last saw the deceased alive on June 15, 1956, and that death occurred at 12:15 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Frank S. Hogue, M.D.</u> (Degree or title) <u>Frank S. Hogue, M.D.</u>	23b. ADDRESS <u>315 Nichols Rd.</u>	23c. DATE SIGNED <u>6-15-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-18-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-16-56 neva menshall</u>	REGISTRAR'S SIGNATURE <u>neva menshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wagner Funeral Home, K 6 Mo.</u>	ADDRESS <u>K 6 Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

