

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 3 1956

STATE FILE NUMBER 30832

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3260

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, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran Life</u>				Length of stay in hospital		d. STREET ADDRESS <u>815 Ewing</u>	
3. NAME OF DECEASED (Type or print) <u>Mary Kavanaugh McCann</u>				4. DATE OF DEATH		Month <u>9</u> Day <u>7</u> Year <u>56</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>9/1/27</u>	
9. AGE (In years last birthday) <u>29</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		IF UNDER 24 HRS. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>Ralph E. Wiers</u>				14. MOTHER'S MAIDEN NAME <u>Murle Mahan</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-20-4428</u>		17. INFORMANT <u>Maxtin McCann 815 Ewing</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemoperitonium</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Superficial uterine laceration (m.m.o.)</u> DUE TO (c) <u>8 mo. gestation - no delivery</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Abruptio Placenta</u>							INTERVAL BETWEEN ONSET AND DEATH <u>644X</u>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a. m. <u> </u> p. m. <u> </u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1/15/56</u> to <u>9/9/56</u> and last saw her ^{her} _{him} alive on <u>9/7/56</u> Death occurred at <u>8:35</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Otto W. Theel</u> (Doctor or title) <u>Otto W. Theel M.D.</u>				22b. ADDRESS <u>4301 Main Street</u>		22c. DATE SIGNED <u>9-8-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/10/56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>McOliver</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
24. FUNERAL DIRECTOR <u>Sheil Funeral Home K.C. Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>9-8-56</u>		26. REGISTRAR'S SIGNATURE <u>neva minshall</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

32000

12/1/58
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J. D. ...
B...
D...

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 *Richard E. Carroll*.....

Licensed Embalmer No. *482*

P. O. Address *H. C. Smith*

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.