

FILED NOV 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33905

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1513

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE*(Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Little Sisters Home-5 years			Length of stay in Institution 5 years		d. STREET ADDRESS 5331 Highland Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Miss Margaret (Maggie) Middle Cleary Last Cleary				4. DATE OF DEATH Month Oct. Day 15, Year 1956						
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 6, 1864	9. AGE (In years last birthday) 92 years	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Ireland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME No record				14. MOTHER'S MAIDEN NAME No record						
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. None		17. INFORMANT Address Mother Lawrence-Little Sisters Home						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolism								INTERVAL BETWEEN ONSET AND DEATH 12 hrs		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arterio sclerosis		DUE TO (c)		20 yrs		3327		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 p. m. Month p. m. Day p. m. Year p. m.										
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 3/19/50 to 10/15/52 and last saw her alive on 10/15/56 Death occurred at 2 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE Joseph A. Fogarty (Degree or title)				22b. ADDRESS NO 2 5811 Luman Rd Kc 26 Mo		22c. DATE SIGNED 10/16/56				
23a. BURIAL (CREMATION, REMOVAL) (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		23e. (State)		
Burial	Oct. 17, 1956	St. Mary's	Kansas City, Mo.	Kansas City, Mo.						
24. FUNERAL DIRECTOR ADDRESS Thomas E. Quirk Funeral Home				25. DATE RECD. BY LOCAL REG. 10-17-56		26. REGISTRAR'S SIGNATURE Neva Marshall				

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300-1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Joseph A. Fogarty

MEDICAL CERTIFICATION

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

Signature.....
Licensed Embalmer No. 3-
P. O. Address.....
A.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.