

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1956

34096

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4359

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 checked="" 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 HOSPITAL OR INSTITUTION Little Sisters Home				Length of stay in 18 75 years		d. STREET ADDRESS (If outside, give location) 5331 Highland Ave.		
3. NAME OF DECEASED (Type or print) Mrs Julia		First Agnes		Middle McCarty		Last		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 31, 1868		
9. AGE (In years last birthday) 87 years		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Edward Cassidy				14. MOTHER'S MAIDEN NAME Catherine Riley				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs J. Vincent Kennedy Address 401 East 74th				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tubercle Broncho pneumonia (in postals) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Interstitial Nephritis DUE TO (c) Arterio Sclerosis							INTERVAL BETWEEN ONSET AND DEATH 3 days 4 yrs 30 MAR	
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: 10 Month: 10 Day: 10 Year: 1956 a. m. 00 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 9/17/50 to 10/5/56 and last saw her ^{her} him alive on 10/3/56 Death occurred at _____ 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) D.O.				22b. ADDRESS 5811 Warren St. N. 26 Mo		22c. DATE SIGNED 10/6/56		
23a. BURIAL..CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 8, 1956		23c. NAME OF CEMETERY OR CREMATORY St. Mary's		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
24. FUNERAL DIRECTOR Thomas E. Quirk ADDRESS 4316 Troost Ave.			25. DATE RECD. BY LOCAL REG. 10-7-56		26. REGISTRAR'S SIGNATURE Neva Minchall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Joseph A. Fogarty, D.O.

Public Health Service
300-56
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Faint, mostly illegible text at the top of the page, possibly containing a header or form fields.

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.....
James E. [Signature]

Licensed Embalmer No.

P. O. Address.....

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.