

FILED DEC 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37910

STATE FILE NUMBER
5011

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5011

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI 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 checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL Length of stay in 1b 4 1/2 YEARS		d. STREET ADDRESS (If outside, give location) 34 W. SR TERRACE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last THEODORE S. CADY			4. DATE OF DEATH Month Day Year 11 - 18 - 56
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 14 1886
9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAX ACCOUNTANT		10b. KIND OF BUSINESS OR INDUSTRY VARIOUS BANKS	11. BIRTHPLACE (City and state or country) PLEASANT PRARIE, WIS.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME SAMUEL M. CADY	
14. MOTHER'S MAIDEN NAME MARY BARTER		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. 487-05-8803		17. INFORMANT Address MRS. BERTHA CADY 34-W-58 TER. K.C. Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary artery thrombosis DUE TO (c) Coronary arteriosclerosis 4701			INTERVAL BETWEEN ONSET AND DEATH 3 days 4 days 7 ym.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year a. m. 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 Nov. 1955 to Nov. 1956 and last saw ^{her} him alive on Nov. 17, 56 Death occurred at 6:15 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. L. Slentz (Degree or title) E. L. Slentz M. D.		22b. ADDRESS 4620 Nichols Plenum, K.C. Mo.	22c. DATE SIGNED Nov. 18, 1956
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE NOV-20-1956	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM.	23d. LOCATION (City, town, or county) (State) KANSAS CITY MO
24. FUNERAL DIRECTOR ADDRESS D. W. Newcomer Sons - 355 BUSH CREEK - Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 11-20-56	26. REGISTRAR'S SIGNATURE Reva Minshel

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 Ray

Licensed Embalmer No. *418*

P. O. Address *K.C., Mo.*

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.