FILED DEC 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38300
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 10 02 Registrar's No. 5030

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Menorah Medical Center — Length of stay in 1b: 45 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1900 Linwood — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Mary Middle: E Last: Webb

4. DATE OF DEATH Month: 11 Day: 17 Year: 56

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: March 1879

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk

10b. KIND OF BUSINESS OR INDUSTRY: (Retail Clothing) Harzfeld's

11. BIRTHPLACE (City and state or country): Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Dennis Gallagher

14. MOTHER'S MAIDEN NAME: Elisabeth (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 486-05-7244

17. INFORMANT Address: Donald Price, Guardian 7325 Mission, Ks.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute softening, brain, left occipital lobe
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE-TO-(b): Chronic pyelonephritis, severe, bilateral
DUE-TO (c): Diabetes (?)

INTERVAL BETWEEN ONSET AND DEATH: 2 days

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 ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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. 16, 1956 to Nov. 17, 1956 and last saw ~~him~~ her alive on Nov. 17, 1956
Death occurred at 6:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Milton Katz (Degree or title) M.D. Milton Katz

22b. ADDRESS 1302 Prof. Bldg KC Mo

22c. DATE SIGNED 11-19-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11-20-56

23c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cenetery

23d. LOCATION (City, town, or county) (State): Kansas City Mo.

24. FUNERAL DIRECTOR ADDRESS: Mellody-McGilley-Eylar, Kan City, Mo.

25. DATE RECD. BY LOCAL REG.: 11-20-56

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Dec 1-2-030

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gene Hook

Licensed Embalmer No. 4

P. O. Address K. 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.