

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2336

FILED JAN 14 1957

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4423 Registrar's No. 2

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Weston</u>)		c. LENGTH OF STAY (in this place) <u>4 1/2 mos</u>	c. CITY OR TOWN <u>North Kansas City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Matthews Conv. Home</u>		d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> No <input type="checkbox"/> Yes	
e. STREET ADDRESS (If rural, give location) <u>1229 E 23rd ave</u>			
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Laura</u>	b. (Middle) <u>Katherine</u>	c. (Last) <u>McDonnell</u>
4. DATE OF DEATH	(Month) (Day) (Year) <u>Jan 2 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never</u>	8. DATE OF BIRTH <u>Mar 28 1890</u>
9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 24 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) <u>Paper Kant Paper Bag Co</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Platte County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Timothy McDonnell</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Reuter</u>	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED MEMBER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Henry S McDonnell</u> ADDRESS <u>Platte City</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9-20-56</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <u>Arteriosclerosis</u>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. <u>332.X</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9-20-1956</u> , to <u>1-2-57</u> , 19____, that I last saw the deceased alive on <u>1-2-57</u> , 19____, and that death occurred at <u>10 p m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Weston, Missouri</u>	23c. DATE SIGNED <u>1-3-57</u>	
24a. BURYAL, CREMATION, REMOVAL (Specify) <u>Buryal</u>	24b. DATE <u>1-5-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Platte City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Platte City Mo</u>
DATE REC'D BY LOCAL REG. <u>Jan. 4, 1957</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcome's Sons</u> ADDRESS <u>N.K.C. Mo.</u>	



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 *Glen H. Hill*.....

Licensed Embalmer No... *4586*

P. O. Address *P. O. 16, Inc*

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.