FILED APR 10 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8782

STATE FILE NUMBER 1319

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Research Hosp. — Length of stay in 1b: 50 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 X No ☐
d. STREET ADDRESS (If outside, give location): 2716 Lister — Reside on Farm: Yes ☐ No X

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3. NAME OF DECEASED (Type or print): First SARAH Middle R. Last McCULLEY

4. DATE OF DEATH: Month 3 Day 20 Year 57

5. SEX: Fe

6. COLOR OR RACE: Wh

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1-23-1878

9. AGE (In years last birthday): 79 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

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

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Louis D. Abbott

14. MOTHER'S MAIDEN NAME: Mary Lonergan

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Fred R. McCulley, 2716 Lister, KC Mo

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): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Fracture neck Lt femur — 10 dks
DUE TO (c): Generalized Arteriosclerosis — Yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): E9030

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.): Pt. Slipped at home & fell to floor

20c. TIME OF INJURY: 6 Hour a. m. p. m. Month, Day, Year: Jan 7 57

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

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Lt. Hsp Home

20f. CITY, TOWN, OR LOCATION: Kansas City — COUNTY: Jackson — STATE: Mo

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21. I attended the deceased from 1-8-57, to 3-20-57 and last saw her/him alive on 3-20-57
Death occurred at 7:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold V. Zuber MD

22b. ADDRESS: 600 Pro J. Bldg

22c. DATE SIGNED: 3-21-57

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

23b. DATE: 3-23-57

23c. NAME OF CEMETERY OR CREMATORY: Lee's Summit Cem.

23d. LOCATION (City, town, or county) (State): Lee's Summit, Mo.

24. FUNERAL DIRECTOR ADDRESS: Wagner Funeral Home, K.C. Mo.

25. DATE RECD. BY LOCAL REG.: 3-21-57

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Harold V. Zuber

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

11-2-1321

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Alvin R. Haenschk

Licensed Embalmer No. 41

P. O. Address Kansas

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.