Health, Welfare Public Service

. 300
1-57

FILED JUN 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 17196

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2411

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4318 Forest Ave. — Length of stay in Hospital 70 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) 4318 Forest Ave. — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First: Terrence Middle: (Terry) Last: McArdle

4. DATE OF DEATH Month May Day 22 Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Feb. 16, 1868
9. AGE (In years last birthday) 89 years — 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) Smoker (Meat)
10b. KIND OF BUSINESS OR INDUSTRY Armour & Co.
11. BIRTHPLACE (City and state or country) England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John McArdle
13b. MOTHER'S MAIDEN NAME Fannie Mallon
14. NAME OF HUSBAND OR WIFE Bridget McArdle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 510-05-3063
17. INFORMANT Mrs Bridget McArdle Address 4318 Forest

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) Hemorrhagic cerebral — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) atherosclerosis
DUE TO (c) senility — 331X
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 1940 to May 22 1957 and last saw him alive on May 20-57
Death occurred at 4318 Forest on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh A. Gestring (Degree or title) M.D.
22b. ADDRESS 1220 E 31 St
22c. DATE SIGNED 5-22-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 24, 1957
23c. NAME OF CEMETERY OR CREMATORY St. Mary's
23d. LOCATION (City, town, or county) Kansas City, Mo. (State)

24. FUNERAL DIRECTOR Thomas E. Quirk ADDRESS 4316 Troost Ave.
25. DATE RECD. BY LOCAL REG. 5-24-57
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hugh A. Gestring M.D.

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 ..... Signed .....

Signature of Student Embalmer

Licensed Embalmer No. .....

P. O. Address .....

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.