Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1957

'57 STATE FILE NUMBER 2 1 2 0 4

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2853

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 OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN: Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): General #2 — Length of stay in 1b: 16 yrs.	d. STREET ADDRESS (If outside, give location): 2111 Highland — Reside on Farm Yes [ ] No [ ]

3328

3. NAME OF DECEASED (Type or print)	First: Clara	Middle: Willie	Last: McNack
4. DATE OF DEATH	Month: June	Day: 16	Year: 1957
5. SEX: Female 3	6. COLOR OR RACE: Negro	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]	8. DATE OF BIRTH: March 17, 1914
9. AGE (In years last birthday): 43 yrs.	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	11. BIRTHPLACE (City and state or country): Checotah, Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Unknown	13b. MOTHER'S MAIDEN NAME: Willie Porter	14. NAME OF HUSBAND OR WIFE: James McNack	
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.: 491-22-0978	17. INFORMANT Address: Cristel McNack, daughter 2111 Highland	

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) Metastatic carcinoma of liver and pituitary (probably from left breast).

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b), DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 170x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pulmonary congestion and edema, severe.

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] 1

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 4-29-57, to 6-16-57 and last saw her/him alive on 6-16-57. Death occurred at 5:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. R. Peterson MD	22b. ADDRESS: 600 East 22nd Street	22c. DATE SIGNED: 6-18-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 6-20-57	23c. NAME OF CEMETERY OR CREMATORY: Lincoln
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri		
24. FUNERAL DIRECTOR ADDRESS: WATKINS BROS. FN. HM. 18th & Benton	25. DATE RECD. BY LOCAL REG.: 6-18-57	26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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 causally related.

W. R. Peterson

VS SEP 13 1967

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 Bruce R. Watkins

Signature of Student Embalmer

Licensed Embalmer No. 4500

P. O. Address 18th & Ben

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.