

FILED JUL 12 1957

STANDARD CERTIFICATE OF DEATH

'57 0 2 1 2 0 5  
STATE FILE NUMBER 2982

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2982

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE VETERANS ADM. HOSPITAL		d. STREET ADDRESS 1528 BRISTOL	
Length of stay in 1b 25 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ARCHIBALD M. MC TAVISH	4. DATE OF DEATH Month Day Year June 26, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 22, 1887	9. AGE (In years last birthday) 70	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (City and state or country) Shyrock, Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Archibald M. McTavish	14. MOTHER'S MAIDEN NAME Margaret Grainger
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	16. SOCIAL SECURITY NO. 486 26 2901	17. INFORMANT VA Hospital Official Records, K. C. Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):-- PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary congestion and edema  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial infarction, old and recent DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH  4201
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from June 26, 1957 to June 26, 1957 Death occurred at 1:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.
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22. SIGNATURE (Degree or title) Geo. C. Kealhofer	22b. ADDRESS 6627 Parkcrest 5000	22c. DATE SIGNED 6-26-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/29/57	23c. NAME OF CEMETERY OR CREMATORY Elmwood	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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24. FUNERAL DIRECTOR Sheil Funeral Home, K. C. Mo.	25. DATE RECD. BY LOCAL REG. 6-27-57	26. REGISTRAR'S SIGNATURE Neva Marshall
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(Licensed Embalmer's Statement on Reverse Side)

000 -56  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

Geo. C. Kealhofer



**STATEMENT BY LICENSED EMBALMER**

State of Ohio, County of Hamilton.

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 *Richard E. Carroll*

Licensed Embalmer No. *48*

P. O. Address *KC Ga*

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.