Health, Welfare Public Service

300 -57 4

FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24420

STATE FILE NUMBER 3055

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) Swope Ridge Nursing Home — Length of stay in 1b 2yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Wisconsin ~~Missouri~~ b. COUNTY ~~Jackson~~ Dane
c. CITY OR TOWN Madison ~~Kansas City~~ X — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) ~~59th & Swope Pkwy~~ 5148 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Margaret Middle: Ann Last: Boucher

4. DATE OF DEATH Month 7 Day 1 Year 57

5. SEX Female

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH 3-15-78

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 Home

11. BIRTHPLACE (City and state or country) Waldwick, Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S. A.

13a. FATHER'S NAME Daniel Dornan

13b. MOTHER'S MAIDEN NAME Bridget Carroll

14. NAME OF HUSBAND OR WIFE —

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

16. SOCIAL SECURITY NO. None

17. INFORMANT Albert G. Incani, Address 5900 Swope Pkwy

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Thrombosis	5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis	10 years
DUE TO (c)	Hypertension and Hypertensive Heart Disease	10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 October 1 1955, to July 1 1957 and last saw her alive on June 28 1957
Death occurred at 5:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Florence E. MacInnis MD

22b. ADDRESS 4620 Nichols Pkwy Kansas City Md

22c. DATE SIGNED July 1 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 7-1-57

23c. NAME OF CEMETERY OR CREMATORY —

23d. LOCATION (City, town, or county) (State) Madison, Wisconsin

24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar, K.C., Mo.

25. DATE RECD. BY LOCAL REG. 7-2-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Florence E. Mac Innis

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 James E. Hacklen

Licensed Embalmer No. 4573

P. O. Address K.C. Mo.

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.