

FILED AUG 12 1957

STANDARD CERTIFICATE OF DEATH

24689

STATE FILE NUMBER

3362

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

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY		Jackson		a. STATE		Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only)		Inside Limits OR TOWN <u>Kansas City</u>		c. CITY OR TOWN		Kansas City	
c. FULL NAME OF (If NOT in hospital, give location)		Length of stay in lb		d. STREET ADDRESS		Reside on Farm	
HOSPITAL OR INSTITUTE		Gen'l Hosp. #1		70 yrs. <u>43</u>		2610 Gillham	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First		Middle		Last		Month Day Year	
Sadie		E.		McCain		7 16 1957	
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (In years last birthday)	
Fe	Wh	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7-27-1869		87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
At Home				XX		Indiana	
12. CITIZEN OF WHAT COUNTRY?				13. FATHER'S NAME			
USA				Wm. W. Alexander			
14. MOTHER'S MAIDEN NAME				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			
Abigail Minger				No XX			
16. SOCIAL SECURITY NO.				17. INFORMANT Address			
None				Mrs. Mabel F. Carver, 1309 W. 21st			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular accident</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) _____							
DUE TO (c) _____							
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"/> 2
Fracture of left hip							
20a. ACCIDENT <input checked="" 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.)				
			Fall in home				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 6-29-57							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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	
		Above address		Kansas City		Jackson, Missouri	
21. I attended the deceased from <u>July 1, 1957</u> to <u>July 16, 1957</u> and last saw her ^{her} _{him} alive on <u>July 16, 1957</u> Death occurred at <u>2:45 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>B. I. Burns</u> (Degree or title)				22b. ADDRESS		22c. DATE SIGNED	
<u>B. I. Burns, M.D.</u>				24th & Cherry		7-17-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Removal		7-20-57		Highland Park		Kansas City, Kansas	
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
<u>Wagner Funeral Home, K C Mo</u>				7-18-57		<u>Yvonne Minshall</u>	

(Licensed Embalmer's Statement on Reverse Side)

00
-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Alvin R. Haunschild*

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.

4
KR