

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED AUG 1 - 1957

Registration District No. 1A9 Primary Registration District No. 1002 Registrar's No. 3290

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Smithville</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Graveside Hosp</u>		d. STREET ADDRESS <u>1wb.</u>	

3. NAME OF DECEASED (Type or print) First <u>Rose</u> Middle <u>Bell</u> Last <u>McClary</u>			4. DATE OF DEATH Month <u>July</u> Day <u>13</u> Year <u>1957</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 26 1879</u>	19. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Telephone Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone</u>	11. BIRTHPLACE (City and state or country) <u>Platte County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>None</u>
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13a. FATHER'S NAME <u>10th Henry McClary</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Kindred</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-09-8196</u>	17. INFORMANT <u>J. S. McClary</u> Address <u>112 Grandview Rd</u>
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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) <u>Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6h</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary Heart Failure</u>	<u>12d</u>
	DUE TO (c)	<u>4341</u>
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 <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
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20d. INJURY OCCURRED WHILE AT <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 <u>7-6-57</u> to <u>7-13-57</u> and last saw her/him alive on <u>7-13-57</u> Death occurred at <u> </u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Elis E. Zittel D.O.</u>	22b. ADDRESS <u>4640 TROOST</u>	22c. DATE SIGNED <u>7/14/57</u>
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23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u>	23b. DATE <u>7-16-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>100E. Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Smithville MO</u>
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24. FUNERAL DIRECTOR <u>McComas Mortuary</u> ADDRESS <u>Smithville, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>7-15-57</u>	26. REGISTRAR'S SIGNATURE <u>New Minshall</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Elis E. Zittel

All diseases in Part I must be causally related.

AUG 1 1957

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 *John R. Siders*

Licensed Embalmer No. *4531*

P. O. Address *Kansas City*

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.