

STANDARD CERTIFICATE OF DEATH

28141

STATE FILE NUMBER

FILED SEP 3 1957

Registration District No. 137 Primary Registration District No. 5502 Registrar's No. 570

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institutional, Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Deer Creek</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Deer Creek twps</i>		Length of stay in lb <i>4</i>	d. STREET ADDRESS <i>4331 Charlett</i>
			If outside, give location) <i>17800</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <i>EDWARD J MC BRIDE</i>			4. DATE OF DEATH <i>Aug. 24 1957</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct 16 1886</i>	9. AGE (In years last birthday) <i>70</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bank officer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Banker</i>	11. BIRTHPLACE (City and state or country) <i>Montrose Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>James E Mc Bride</i>			14. MOTHER'S MAIDEN NAME <i>Lida Mc Bride</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <i>496-16-8261</i>	17. INFORMANT <i>Alice R Mc Bride</i> Address <i>Kansas City Mo.</i>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Patient found dead on arrival - apparently expired approximately 2 hrs before found.</i>		
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"/>

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.)	
20c. TIME OF INJURY Hour _____ 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

21. I attended the deceased from _____, to _____ and last saw her/him alive on *8-24-57*
Death occurred at *Approx 8:29 a.m.* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>W. Bradshaw, MD Henry Co Coroner</i>	22b. ADDRESS <i>Clinton, Mo.</i>	22c. DATE SIGNED <i>8/24/57</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>8-27-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Forest Hill</i>	23d. LOCATION (City, town, or county) <i>Kansas City Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>SCHABERG FUNERAL HOME Clinton Mo</i>		25. DATE RECD. BY LOCAL REG. <i>8-24-57</i>	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

SEP 9 1957

SEP 25 1957

DEC 11 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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.