

Health, Welfare, Public Service

FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32008
STATE FILE NUMBER
3848

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

300
-57 0

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Length of stay in lb 37 YEARS	d. STREET ADDRESS (If outside, give location) 6908 BROOKLYN AVE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ERNEST Middle CLAIRE Last McBRIDE, Sr.			4. DATE OF DEATH Month AUGUST Day 14 Year 1957		
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 AUG. 22. 1886	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PUBLISHER		10b. KIND OF BUSINESS OR INDUSTRY BOOKS	11. BIRTHPLACE (City and state or country) DREXEL, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME HENRY McBRIDE		13b. MOTHER'S MAIDEN NAME AGNES DAIKEN		14. NAME OF HUSBAND OR WIFE MRS. ORA McBRIDE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT MRS. ORA McBRIDE Address 6908 BROOKLYN AVE. KANSAS CITY MO.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease & myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	4200
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) aneurysm of ant. coronary artery		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.		
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

21. I attended the deceased from 9-25-56 to 8-14-57 and last saw ^{him} alive on 8-14-57 Death occurred at 3:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Wilson N. Miller, M.D. (Degree or title)	22b. ADDRESS 4626 Independence Ave Kansas City, Mo.	22c. DATE SIGNED 8-14-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG. 16 1957	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEW COMER'S SONS ADDRESS 1331 BUSH CREEK KANSAS CITY MO		25. DATE RECD. BY LOCAL REG. 8-16-57	26. REGISTRAR'S SIGNATURE Reva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diagnoses in Part I must be causally related.
Wilson H. Miller

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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 *Basil V. Honey*

Licensed Embalmer No. *4724*
P. O. Address *A. C. Me*

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.