

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40243

STATE FILE NUMBER

5231

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp		Length of stay in lb Life	d. STREET ADDRESS 3227 Summit (If outside, give location)
3. NAME OF DECEASED (Type or print) First NELLE Middle Last CAGNEY		4. DATE OF DEATH Month 11 Day 7 Year 57	
5. SEX F	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-6-1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. teacher		10b. KIND OF BUSINESS OR INDUSTRY Public Schools	11. BIRTHPLACE (City and state or country) Kansas City, Mo.
13a. FATHER'S NAME Thomas L. Cagney		13b. MOTHER'S MAIDEN NAME Nora Quinn	14. NAME OF HUSBAND OR WIFE XX
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. 500-38-2524B	17. INFORMANT Thos. L. Cagney Address 3227 Summit, KC 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) Shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) ca of colon DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 48 hours 6mo? 153X
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 <u>11-1-57</u> to <u>11-7-57</u> and last saw her alive on <u>11-6-57</u> Death occurred at <u>2:50 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. O. Parsons, M.D. (Degree or title)		22b. ADDRESS Plainfield Bluff	22c. DATE SIGNED 11-8-57
23a. BURIAL, CREMATION, or other disposal (Specify) Burial	23b. DATE 11-9-57	23c. NAME OF CEMETERY OR CREMATORY. Mt. St. Mary's	23d. LOCATION (City, town, or country) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR Wagner Funeral Home, K C Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 11-8-57	26. REGISTRAR'S SIGNATURE Neva Minshall



Eugene O. Parsons 1928
L.O. 1-3150

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. Haunschedel

Licensed Embalmer No. 4159
P. O. Address A.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.