

FILED MAR 5 - 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004770  
STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 27

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give township only) OR TOWN <u>Harrisonville</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Harrisonville</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> Length of stay in lb <u>9 hours</u>		d. STREET ADDRESS (If outside, give location) <u>1000 Pine</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>Franklin</u> Last <u>McBRIDE</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>25</u> Year <u>1958</u>	
5. SEX <u>White</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 26 1888</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>9</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Decatur Ark. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Henry McBride</u> MOTHER'S MAIDEN NAME <u>Matilda</u>		
14. NAME OF HUSBAND OR WIFE <u>Aspa Lucille McBride</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or in army) (If yes, give war or dates of service) <u>No</u>		
16. SOCIAL SECURITY NO. <u>490 34-6984A</u>		17. INFORMANT Name <u>Lucille McBride</u> Address <u>Harrisonville Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (d), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>GENERALIZED VISCERAL CARCINOMA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 mos.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>PRIMARY SITE UNDETERMINED</u> DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1992</u>		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 _____ Month _____ Day _____ Year _____ 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 <u>Harrisonville</u>	COUNTY _____ STATE _____
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Date of death at <u>4:45</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. Woody M.D.</u> (Degree or title)	22b. ADDRESS <u>Harrisonville Mo</u>	22c. DATE SIGNED <u>2-26-58</u>	

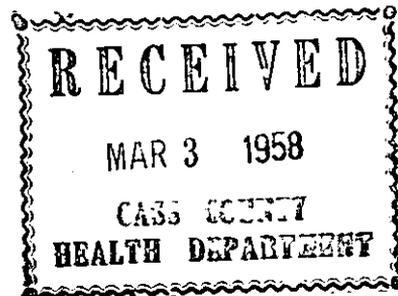
23. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u> DATE <u>Feb 26 1958</u>	23a. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>	23b. LOCATION (City, town, or county) <u>Harrisonville Mo</u>
24. FUNERAL DIRECTOR <u>Remmenburgis Harrisonville Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Feb 26 1958</u>	26. REGISTRAR'S SIGNATURE <u>Dora Bernard</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 12 1958



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 *James B. Phillips* .....

Licensed Embalmer No. *4641* .....

P. O. Address *Harrison* .....

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.