

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005491
STATE FILE NUMBER
766

FILED MAR 10 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
-57

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 DECEASED (If not in household, give location) HOSPITAL OR INSTITUTION Beside her home 44th & Wyoming Sts.		Length of stay in 1b 68 yrs	d. STREET ADDRESS (If outside, give location) 4340 Fairmount Ave.

3. NAME OF DECEASED (Type or print) First Middle Last Miss MARY AGNES FERRIS			4. DATE OF DEATH Month Day Year 2 12 58			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7 15 1889		9. AGE (In years last birthday) 68	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Clerk		10b. KIND OF BUSINESS OR INDUSTRY Kline's Dept. Store		11. BIRTHPLACE (City and state or country) K. C. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Michael Ferris			13b. MOTHER'S MAIDEN NAME Mary Riardan			14. NAME OF HUSBAND OR WIFE None	

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. 487-03-7389		17. INFORMANT Maurice Hennessy, 3327 Wyandotte		Address	
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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) <i>Massive Subdural Hemorrhage</i>			INTERVAL BETWEEN ONSET AND DEATH 69 1/2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Head Injury - Blunt</i>		
	DUE TO (c) <i>Fracture of Skull</i>		
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 checked="" 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.) <i>submersion</i>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 2-12-58					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>		20f. CITY, TOWN, OR LOCATION <i>Kansas City, Missouri</i>		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							

22a. SIGNATURE (Degree or title) <i>E. C. Soelky, M.D., County Coroner</i>			22b. ADDRESS <i>667 Grand St. Kansas City, Mo.</i>			22c. DATE SIGNED 2-13-58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 15, 1958		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) Hickman Mills, Mo.	
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24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home		ADDRESS 1800 E. Linwood, K. C., Mo.		25. DATE RECD. BY LOCAL REG. 2-13-58		26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Geo. C. Kealhofer



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 W. Wain*

Licensed Embalmer No. *4650*

P. O. Address *K.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.