

Health, Welfare, Public Service

STANDARD CERTIFICATE OF DEATH

58-810069-1460 STATE FILE NUMBER

FILED APR 9 1958 2911

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

300 -57

1. PLACE OF DEATH a. COUNTY Jackson b. CITY Kansas City c. FULL NAME OF HOSPITAL OR INSTITUTION 1108 Vine Street Life

2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Kansas City d. STREET ADDRESS 1108 Vine Street

3. NAME OF DECEASED Samuel Duane Mackey 4. DATE OF DEATH Mar. 18, 1958 5. SEX Male 6. COLOR OR RACE Col. 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Feb. 23, 1958 9. AGE 25

10a. USUAL OCCUPATION None 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Kansas City, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Charley Mackey 13b. MOTHER'S MAIDEN NAME Patsy Scott 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? NO 16. SOCIAL SECURITY NO. None 17. INFORMANT Mrs. Patsy Mackey, 1108 Vine Street

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malnutrition DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED.

20c. TIME OF INJURY 20d. INJURY OCCURRED WHILE AT WORK AT WORK 20e. PLACE OF INJURY

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ... and last saw her/him alive on ... Death occurred at ... m on the date stated above;

22a. SIGNATURE Deputy Coroner 22b. ADDRESS 1618 Lydia Ave 22c. DATE SIGNED 3/19/58

23a. BURIAL, CREMATION, REMOVAL Burial 23b. DATE 3/21/58 23c. NAME OF CEMETERY Mt. St. Mary Cemetery 23d. LOCATION Kansas City, Missouri

24. FUNERAL DIRECTOR Badeau, Appleton & Jones, K.C., Mo. 25. DATE RECD. BY LOCAL REG. 3-20-58 26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard terminology in Part I. All diseases in Part I must be causally related.

L. M. Tillman



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 *Conrad G. Gandy, B*

Licensed Embalmer No. *4944*
P. O. Address *T. C. Ho*

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.