

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014282  
STATE FILE NUMBER

FILED MAY 9 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1861

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hosp.</b>		Length of stay in lb <b>46 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>4105 Wyoming</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Margaret Evelyn</b> Middle <b>Kohlbeck</b> Last <b>Kohlbeck</b>			4. DATE OF DEATH Month <b>4</b> Day <b>11</b> Year <b>58</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>11-25-91</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (City and state or country) <b>Platte Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>John Foley</b>			14. MOTHER'S MAIDEN NAME <b>Catherine McDonnell</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Oscar J. Kohlbeck-4105 Wyoming, Mo. KC</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Infection Left Femoral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Adenocarcinoma Generalized primary site in lungs</b>	<b>4 MO -</b>
	DUE TO (c) <b>Subacute Bacterial Endocarditis</b>	<b>2 MO</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Cerebral Emboli and Metastasis: 1621</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>none</b>
20c. TIME OF INJURY Hour <input type="checkbox"/> 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 <b>K. C. Mo.</b>	COUNTY	STATE
21. I attended the deceased from <b>12-17-49</b> to <b>4-11-58</b> and last saw <del>him</del> <sup>her</sup> alive on <b>4/10/58</b> Death occurred at <b>6:10</b> A m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <b>James W. Downey M.D.</b>		22b. ADDRESS <b>425 E 63rd K. C. Mo.</b>	22c. DATE SIGNED <b>4-11-58</b>	

23a. BURIAL, CREMATION, or other disposition (Specify) <b>Burial</b>	23b. DATE <b>4-14-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>	
24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar</b>		ADDRESS <b>20W. Linwood</b>	25. DATE RECD. BY LOCAL REG. <b>4-11-58</b>	26. REGISTRAR'S SIGNATURE <b>neva Marshall</b>

Health, & Welfare Public Service

300 1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

James W. Downey

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..... *Wm H. Gentry*

Licensed Embalmer No. ....

P. O. Address .. *K.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.

*W 3-7975*