

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024659

1000

STATE FILE NUMBER 772

FILED JUL 28 1958

Registration District No. 42

Primary Registration District No.

Registrar's No.

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If outside, give location) 2202 Edmond Street	
Length of stay in 1b Lifetime		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First James Middle P. Last McNamara			4. DATE OF DEATH Month July Day 20 Year 1958.
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 18, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Fire Captian		10b. KIND OF BUSINESS OR INDUSTRY St. Joseph Fire Dept'	9. AGE (In years last birthday) 73
11. BIRTHPLACE (City and state or country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas McNamara		13b. MOTHER'S MAIDEN NAME Mary (Unknown)	
14. NAME OF HUSBAND OR WIFE Dorothy Irene McNamara		17. INFORMANT Mrs. Dorothy Irene McNamara	
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. none	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CA. TAIL OF PANCREAS		INTERVAL BETWEEN ONSET AND DEATH 2 MOS.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) SPINAL CORD INVOLV. & PARAPLEGIA		DUE TO (c) 157X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MYOCARDIAL FAILURE		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____		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 COUNTY STATE	
21. I attended the deceased from 3/11/57 to 7/20/58 and last saw her alive on 7/19/58 . Death occurred at 4:50 A. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. W. T. Rogers M.D.		22b. ADDRESS 307 Ashpat. Bldg St. Joe Mo.	
22c. DATE SIGNED 7/21/58.		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE July 23, 1958.		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
23d. LOCATION (City, town, or county) St. Joseph, Missouri.		24. FUNERAL DIRECTOR Meierhoffer, Fleeman, St. Joseph, Mo.	
25. DATE RECD. BY LOCAL REG. July 23, 1958		26. REGISTRAR'S SIGNATURE Mr. Clark Handell	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Albert B. Harrington*

Licensed Embalmer No. 3258.....

P. O. Address St. Joseph, 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.