

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025480  
STATE FILE NUMBER

JUL 25 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3320

5. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON	
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 PRAIRIE VILLAGE
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. LUKES HOSPITAL		Length of stay in 1b 1 WEEK	d. STREET ADDRESS (If outside, give location) 8020 BEVERLY DRIVE
3. NAME OF DECEASED (Type or print) First MARY Middle JANE Last FORGIE			4. DATE OF DEATH Month JULY Day 5 Year 1958
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 JULY 17, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SALESLADY		10b. KIND OF BUSINESS OR INDUSTRY DEPARTMENT STORE	11. BIRTHPLACE (City and state or country) CHICAGO, ILLINOIS
13a. FATHER'S NAME JOHN FORGIE		13b. MOTHER'S MAIDEN NAME MARGARET MCGIMPSEY	14. NAME OF HUSBAND OR WIFE -----
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. 923-09-7107	17. INFORMANT Mrs. KENNETH MYERS Address 8020 BEVERLY DRIVE PRAIRIE VILLAGE, KANSAS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Tuberculosis DUE TO (b) Pelvic Thrombophlebitis DUE TO (c) Probable Carcinoma of Ovary PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 4 hrs.  150  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 <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 Nov. 1958 to July 5, 1958 and last saw her alive on July 5, 1958 Death occurred at 7:35 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John B. Justus M.D. (Degree or title)		22b. ADDRESS 4620 Nichols Pkwy. K.C. MO.	22c. DATE SIGNED July 5, '58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JULY 6-1958	23c. NAME OF CEMETERY OR CREMATORY OAK WOODS CEMETERY
		23d. LOCATION (City, town, or county) CHICAGO ILLINOIS	(State)
24. FUNERAL DIRECTOR D.W. NEWCOMERS' SONS		ADDRESS 1331 BRUSH CREEK KANSAS CITY MO	25. DATE RECD. BY LOCAL REG. 7-6-58
		26. REGISTRAR'S SIGNATURE neva minshall	



*Handwritten text, possibly a date or reference number, oriented vertically.*

**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 *Thomas W. Harrison* .....

Licensed Embalmer No. *4889* .....

P. O. Address *A.C. 3/0* .....

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.