

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025660

STATE FILE NUMBER

3313

FILED JUL 25 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3313

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 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: General Hospital		Length of stay in lb 40 yrs.	d. STREET ADDRESS (If outside, give location) 5331 Highland Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <del>James</del> MARGARET JANE Mackey			4. DATE OF DEATH Month Day Year 7- 3- 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 3-25-1873
9. AGE (In years, 10 days, 10 days) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant	11. BIRTHPLACE (City and state or country) Atchison, Kansas
12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Patrick Mackey	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. 486-36-4676	17. INFORMANT Lora Stoud 2315 East 39th St. E. Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Cecum Perforations  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ 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  1530
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 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, store, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 7-2-58 to 7-3-58 and last saw her/him alive on 7-3-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. I. Burns, M.D.		22b. ADDRESS 24th Cherry	22c. DATE SIGNED July 4, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 7-7-1958	23c. NAME OF CEMETERY OR CREMATOR Mount Olive Cem.	23d. LOCATION (City, town, country) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Keidens Funeral Home	ADDRESS E. Mo.	25. DATE REC'D. BY LOCAL REG. 7-5-58	26. REGISTRAR'S SIGNATURE Neva Marshall

All diseases in Part I must be causally related. Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. I. Burns

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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 *B E Weibert* .....

Licensed Embalmer No. *4075*

P. O. Address. *KC 8 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.