

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029157

STATE FILE NUMBER  
3872

Registration District No. 149 Primary Registration District No. 1001 Registrar's No.

FILED AUG 27 1958

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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5050 OAK STREET		Length of stay in lb LIFE	d. STREET ADDRESS (If outside, give location) 5050 OAK STREET
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last FRANCES JULIA LEARY			4. DATE OF DEATH Month Day Year AUGUST 10 1958			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 14, 1887		9. AGE (In years last birthday) 71 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME THOMAS CONWAY		13b. MOTHER'S MAIDEN NAME THERESA O'DOWD		
14. NAME OF HUSBAND OR WIFE THOMAS J. LEARY		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. 486-05-5101		
17. INFORMANT MRS. HENRY MALLEY		Address 6400 HIGH DRIVE				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Insufficiency			INTERVAL BETWEEN ONSET AND DEATH 1 hour?	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Auricular Fibrillation				few weeks?
DUE TO (c) Atherosclerotic Heart Disease				known 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none			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.) none		
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, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at July 29 1958 12:30 P.		to August 10 1958		and last saw her/him alive on August 5 1958	

22a. SIGNATURE Hester J. Wilson M.D.		(Degree or title)		22b. ADDRESS 233 Plaza Fine Bldg	
				22c. DATE SIGNED 8/11/58	

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUG 13, 1958		23c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY	
				23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, MO.		ADDRESS 1331 BRUSH CREEK Blvd		25. DATE RECD. BY LOCAL REG. 8-12-58	
				26. REGISTRAR'S SIGNATURE neva minshall	

Hester J. Wilson USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

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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 *Chester K Brown* .....

Licensed Embalmer No. *4931* .....  
P. O. Address *K e md* .....

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.