

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029275
DEATH NUMBER

FILED AUG 27 1958 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 173

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Rural Prairie | | c. CITY OR TOWN Martin City | |
| c. FULL NAME OF (If NOT in hospital, give location) Jackson Co. Hosp. | | d. STREET ADDRESS (If outside, give location) IN TOWN. | |

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| 3. NAME OF DECEASED (Type or print) Michael Kane | | | 4. DATE OF DEATH Aug 19-1958 | | |
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| 5. SEX male | 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 UNKNOWN | 9. AGE (In years last birthday) 91 | 10. FUNDER 1 YEAR Months Days | 11. IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PLASTERER | 10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION | 11. BIRTHPLACE (City and state or country) Ireland | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME UNKNOWN | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE |
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| 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 | 17. INFORMANT Address MR. JAKE WEIDEMAN - MARTIN CITY Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) ARTERIO SCLEROSIS 332X | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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|---|---|--|------------------------------|--------|-------|
| 20c. TIME OF INJURY Hour _____ 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 |
|---|---|--|------------------------------|--------|-------|

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| 21. I attended the deceased from 7-28-58 to 8-19-58 and last saw him alive on 8-19-58 Death occurred at 5:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) Clara W. ... | 22b. ADDRESS Jackson County Hospital | 22c. DATE SIGNED 8-20-58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE AUG. 27-1958 | 23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY | 23d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo. |
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| 24. FUNERAL DIRECTOR MUEHLERBACH | ADDRESS 6800 TROOST | 25. DATE RECD. BY LOCAL REG. 8/21/58 | 26. REGISTRAR'S SIGNATURE W. B. Langford |
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(Licensed Embalmer's Statement on Reverse Side)
17C Mo

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

S. 300
1-57

83
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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 R. E. Nichols

Licensed Embalmer No. 4997
P. O. Address K.C. 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.