

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040050

STATE FILE NUMBER

FILED DEC 11 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5527

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Jefferson City	
Inside Limits Yes <input 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. Mary's Hosp.		Length of stay in lb 2 weeks	
d. STREET ADDRESS 0264		(If outside, give location) 811 W. High St.	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First MARGARET Middle E. Last LEARY			4. DATE OF DEATH Month Nov. Day 21 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 Aug. 24 1890
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (City and state or country) Sedalia, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME John Leary		13b. MOTHER'S MAIDEN NAME Bridget Cullian	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. -----	17. INFORMANT James C. Leary Address 5800 Charlotte
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ----- DUE TO (c) diabetic acidosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus			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. 1957 to 11/21/58 and last saw her alive on 11/21/58 Death occurred at 3:40 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Obeta MD (Degree or title) D		22b. ADDRESS 1010 Pry Bldg KE 6 mo	22c. DATE SIGNED 11/21/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-21-58	23c. NAME OF CEMETERY OR CREMATORY -----
23d. LOCATION (City, town, or county) Jefferson City, Mo.		(State) -----	
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar 1800 Linwood ADDRESS K. C.		25. DATE RECD. BY LOCAL REG. 11-22-58	26. REGISTRAR'S SIGNATURE Neve Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

C.G. Leitch

no 2-1109

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 *Melvin Barton* _____

Licensed Embalmer No. *4903* _____

P. O. Address *KC 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.