

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001429
STATE FILE NUMBER

JAN 21 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 73

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		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1918 EAST 71 ST TERR.		d. STREET ADDRESS (If outside, give location) 1918 EAST 71 ST TERR.	

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM MACPHERSON			4. DATE OF DEATH Month Day Year JAN. 5, 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 5, 1866		9. AGE (In years birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 92	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPERINTENDANT	10b. KIND OF BUSINESS OR INDUSTRY STONE QUARRIES	11. BIRTHPLACE (City and state or country) INVERNESS, SCOTLAND	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME UNKNOWN MCPHERSON	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE SUSAN MACPHERSON
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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 1918 E. 71 ST TERR. MRS. MARY LITTLER - KANSAS CITY, MISSOURI
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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) Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Corp. Cardiac-Vascular	
	DUE TO (c) Old age	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1142		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 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
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21. I attended the deceased from Death occurred on	Dec. 29-58 to Jan. 5-59 and last saw her alive on Dec. 29-58
5:00 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE Geo. H. Jones M.D.	(Degree or title)	22b. ADDRESS 1435 E 78th. K. C. Mo	22c. DATE SIGNED Jan. 6-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN 7 - 1959	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM.	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS - KANSAS CITY, MO	25. DATE RECD. BY LOCAL REG. 1-6-59	26. REGISTRAR'S SIGNATURE New Marshall
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Geo. H. Jones

All diseases in Part I must be causally related.

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. Holson*

Licensed Embalmer No. *4889*

P. O. Address *A. C. ...*

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.