

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006027

STATE FILE NUMBER

FILED MAR 10 1959 Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 102

300
-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RAYTOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN RAYTOWN 7000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION 5725 Oxford		Length of stay in lb 8 months	d. STREET ADDRESS (If outside, give location) 5725 OXFORD
3. NAME OF DECEASED (Type or print) First MARY Middle KATHRYN Last GANNADAY			4. DATE OF DEATH Month 2 Day 24 Year 1959
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 5, 1886
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) OSKALOOSA - KANSAS
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME OSCAR KENT HOPEWELL	
13b. MOTHER'S MAIDEN NAME NANCY ANN DAVIS		14. NAME OF HUSBAND OR WIFE MINOR W. GANNADAY	
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 Robert E. Cannaday Address K.C. 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) Myocardial Infarction DUE TO (b) Atherosclerotic disease of Aorta DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ① Fractured left hip ② Cholelithiasis			INTERVAL BETWEEN ONSET AND DEATH 18 hours 6 months
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, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from October 1958 to Feb 1959 and last saw her alive on 2-24-59 Death occurred at 3:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wm. E. Eubank M.D. (Degree or title)		22b. ADDRESS Raytown Clinic, Raytown, Mo.	22c. DATE SIGNED 2-27-59
23a. BURIAL, CREMATION, or REMOVAL (Specify)	23b. DATE 2-28-1959	23c. NAME OF CEMETERY OR CREMATORY OAK HILL Cemetery	23d. LOCATION (City, town, or county) (State) Butler Mo.
24. FUNERAL DIRECTOR Repley - Nintore ADDRESS Raytown Mo.		25. DATE RECD. BY LOCAL REG. 2-28-59	26. REGISTRAR'S SIGNATURE James S. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *John R. Tidmore*
Licensed Embalmer No. *4531*
P. O. Address *Kansas City*

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.