

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009268

STATE FILE NO. 1352
REGISTRAR'S NO.

FILED APR 2 1959 Registration District No. 149 Primary Registration District No. 1002

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) KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF DECEASED (If not in hospital, give location) 2905 Campbell Golden Age Home Length of stay in lb Life		d. STREET ADDRESS (If outside, give location) 4024 Warwick Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MAUDE Middle HELENA Last BANNON			4. DATE OF DEATH Month March Day 13 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 11, 1900
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager	11. BIRTHPLACE (City and state or country) Kansas City, Missouri
10a. FATHER'S NAME Charles Irwin		10b. KIND OF BUSINESS OR INDUSTRY <i>apt. Bldg.</i>	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Charles Irwin		13b. MOTHER'S MAIDEN NAME Mary F. Link	14. NAME OF HUSBAND OR WIFE Ray
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. 487-10-9276	17. INFORMANT Mrs. Frances C. Kelsey, 12402 E. 41st Address Indp., 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) Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized muscular atrophy DUE TO (c) Arterio-sclerosis general			INTERVAL BETWEEN ONSET AND DEATH 3 days 2 yrs. 3 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7412			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 WORK <input type="checkbox"/> OR 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 27 July 59 to 13 March 59 and last saw her alive on 9 March 1959 ✓ Death occurred at 11:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>M. W. Kelsey M.D.</i>		22b. ADDRESS 1102 Grand K. O. Mo.	22c. DATE SIGNED 3-14-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-16-1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Linwood		25. DATE RECD. BY LOCAL REG. 3-14-59	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

F. H. Wakefield

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

Dr. Wakefield
Bujana Bedg
No 2-8531
11:30^{am} 4:30
12-1230 per the

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. *4902*
P. O. Address *1512*

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.