

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009527

STATE FILE NUMBER 1203

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Luth. Hosp. Length of stay in lb 87 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 6742 Charlotte Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First MARY Middle L. Last Mc CARTHY
4. DATE OF DEATH Month March Day 2, Year 1959

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH June 26, 1871 9. AGE (In years last birthday) 87 F UNDER 1 YEAR Months Days 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 Home 11. BIRTHPLACE (City and state or country) Kansas City, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Owen Morrison 13b. MOTHER'S MAIDEN NAME Sarah 14. NAME OF HUSBAND OR WIFE Dennis J. McCarthy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT Address George McCarthy, 6742 Charlotte, 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) Pulmonary edema INTERVAL BETWEEN ONSET AND DEATH 1 hour
DUE TO (b) Bronchopneumonia coliform organisms 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE WORK 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 12-8-58 to 3-2-59 and last saw her alive on 3-2-59
Death occurred at 9:10 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Herbert Shuey (Degree or title) M.D. 22b. ADDRESS 3903 Brooklyn K.C., Mo. 22c. DATE SIGNED 3-3-59

23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Burial 23b. DATE 3-5-59 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar, 20 W. Linwood K. C. Mo. 25. DATE RECD. BY LOCAL REG. 3-5-59 26. REGISTRAR'S SIGNATURE Melva Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Herbert Shuey

All diseases in Part I must be causally related.

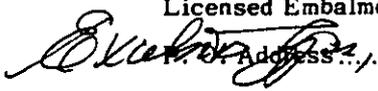
Dr. Shuey
3903 Brooklyn
2 PM

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 

Licensed Embalmer No. 4137
 Address, Ma.

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.