

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020730

FILED JUL 9 1959 Registration District No. 72 Primary Registration District No. 4137 STATE FILE NUMBER Registrar's No. 116

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville		c. CITY OR TOWN Gladstone	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Hosp		Length of stay in lb 3 DAYS	
d. STREET ADDRESS 7209 N. Holmes		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Louis Middle McCaslin Last McCaslin			4. DATE OF DEATH Month June Day 30 Year 1959		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR 7, 1881	9. AGE (In years) 78	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED KANSAS CITY MONUMENT CO		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME MARY HECKARD	
14. NAME OF HUSBAND OR WIFE KATHRYN McCASLIN		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-30-4177	
17. INFORMANT MRS. KATHRYN McCASLIN		Address 7209 N. Holmes			

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 4 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Myocardial Infarct			5 weeks
	DUE TO (c) Coronary Thrombosis			5 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None			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 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 **5-17-59** to **6-30-59** and last saw her alive on **6-29-59**
Death occurred at **5:00 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lawrence S. Hays M.D.	22b. ADDRESS 8400 W Oak Trfy. KC Mo	22c. DATE SIGNED 6-30-59
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 7/2/59	23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cem. Kansas City, Mo.	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR D.W. Newcomer's Sons N.K.C.	25. DATE RECD. BY LOCAL REG. 7-1-59	26. REGISTRAR'S SIGNATURE Marguerite Hudgens
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

7940



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 *Glenn H. Hill*

Licensed Embalmer No. *4586*
P. O. Address *K.C. 16, 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.