

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021538

STATE FILE NUMBER

FILED JUL 8 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2992

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 Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 437 W. 67th. st.			Length of stay in lb 1 yr.	d. STREET ADDRESS (If outside, give location) 116 W. 36th. st.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Elizabeth Middle Last Maher				4. DATE OF DEATH Month June Day 17 Year 1959			
5. SEX Female	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 May 8, 1894		9. AGE (In years low birthday) 65	IF 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		11. BIRTHPLACE (City and state or country) Culpeper Va.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME George Drewry			13b. MOTHER'S MAIDEN NAME Marg Ruth Grimsley		14. NAME OF HUSBAND OR WIFE Wm. Carson Maher		
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 Edward H. Toler 437 W. 67 th. st.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia Bronchiectasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchiectasis DUE TO (c) 526X						INTERVAL BETWEEN ONSET AND DEATH 8 days 3 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease						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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 6/13/1956 to 6/17/1959 and last saw her alive on 6/17/59 Death occurred at 5:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Do not write title) Robert W Hamill M.D.				22b. ADDRESS Kansas City, Mo		22c. DATE SIGNED 6/18/59	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
Cremation		6/19/59	D. W. Newcomers		Kansas City Mo.		
24. FUNERAL DIRECTOR Stine & McClure			ADDRESS K. C. Mo.	25. DATE RECD. BY LOCAL REG. 6-19-59	26. REGISTRAR'S SIGNATURE Neva Marshall		

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Robert W. Hamill
An diseases the Part I must be causally related.

✓
Feb. 9 - 2020
Will Smith's office
at 2.30 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 Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address K.C. 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.