OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-040087

STATE FILE NUMBER

AMENDED

FILED VS NOV 23 1959 Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 5400

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 35 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 5729 VIRGINIA — Reside on Farm Yes ☐ No ☐*

3. NAME OF DECEASED (Type or print): First MARY Middle MARGARET Last HARGIS
4. DATE OF DEATH Month NOV. Day 7, Year 1959
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☐* Divorced ☐
8. DATE OF BIRTH 7-25-1880
9. AGE (last birthday) 79
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HR: 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 AT HOME
11. BIRTHPLACE (City and state or country) BELOIT, KANSAS
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME DUNCAN McKECHNIE
13b. MOTHER'S MAIDEN NAME FLORA HEIMAN
14. NAME OF HUSBAND OR WIFE GILES HARGIS
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. 486-09-3280D
17. INFORMANT MRS; DEO L. BRUCE Address 4220 TRACY K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pneumonia; Femoral fracture
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT 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 12-9-58, to 11-7-59 and last saw him alive on 11-7-59
Death occurred at 2:42 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Martin J. Mueller (Degree or title) M.D.
22b. ADDRESS 535 Argyle Bldg KC Mo
22c. DATE SIGNED 11-9-59

BY AFFIDAVIT OF Martin J. Mueller

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 11-10-59
23c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEM.
23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
24. FUNERAL DIRECTOR C. H. BLACKMAN & SON INC. ADDRESS K.C. Mo.
25. DATE RECD. BY LOCAL REG. 11-10-59
26. REGISTRAR'S SIGNATURE Nesse Minshall

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed W. C. Genire

Signature of Student Embalmer

Licensed Embalmer No. 4879

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.