

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040206

FILED VS DEC 10 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5480 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 1 yr		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4429 Fairmount		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Margaret Middle Frances Last McCray				4. DATE OF DEATH Month Nov. Day 11, Year 1959									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug. 26, 1893		9. AGE (last birthday) 66		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) Ret. Garment Co.			10b. KIND OF BUSINESS OR INDUSTRY Lee Wald Garment		11. BIRTHPLACE (City and state or country) Argentine, Ks.			12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Andrew Wagner			13b. MOTHER'S MAIDEN NAME Josephine Wengar			14. NAME OF HUSBAND OR WIFE Richard A. McCray							
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. 486-09-2928		17. INFORMANT Louis J. McCray (Son)			Address 1924 S. 16th K.C. Ks.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion										INTERVAL BETWEEN ONSET AND DEATH Sudden			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary occlusion										10 days			
DUE TO (c) Coronary Insufficiency										4 years			
DUE TO (c) Hypertension										6 years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <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 July 31-58 to 11/12-59 and last saw her alive on 11/11-59 Death occurred at St. Marys Hosp. 11-2 m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) P. O. Connell M.D.						22b. ADDRESS 4178 Cambridge K.C. Mo				22c. DATE SIGNED 11/13-59			
23a. BURIAL/CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 14, 1959		23c. NAME OF CEMETERY OR CREMATORY Mt. St. Marys Cemetery			23d. LOCATION (City, town, or county) (State) Kansas City, Missouri.						
24. FUNERAL DIRECTOR Simmons Funeral Home KCK				ADDRESS		25. DATE RECD. BY LOCAL REG. 11-13-59		26. REGISTRAR'S SIGNATURE Neva Minshall					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF P. J. O'Connell

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 Donan K. James

Licensed Embalmer No. 4828

P. O. Address K.C.K.

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: