

**MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-040212**

**FILED VS. DEC 10 1959** 149

Registration District No. \_\_\_\_\_ Primary Registration District No. 1602 Registrar's No. \_\_\_\_\_

**5675**

STATE FILE NUMBER

|  |  |  |  |
|--|--|--|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Jackson</u>   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived) If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>             |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>   |  | Length of stay in lb <u>8 years</u>  |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp. #1</u>  |  | d. STREET ADDRESS (If outside, give location) <u>1111 Forest</u>   |  |
| <b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>William George McLaury</u>   |  | <b>4. DATE OF DEATH</b> Month Day Year <u>11-23-1959</u>   |  |
| <b>5. SEX</b> <u>male</u>  | <b>6. COLOR OR RACE</b> <u>white</u>   | Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | <b>8. DATE OF BIRTH</b> <u>3-17-95</u>   |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>retired</u>  |  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>laborer</u>  |  |
| <b>11. BIRTHPLACE</b> (City and state of country) <u>Clairfield, Iowa, U.S.A.</u>  |  | <b>12. CITIZEN OF WHAT COUNTRY</b>   |  |
| <b>13a. FATHER'S NAME</b> <u>George McLaury (D)</u>  |  | <b>13b. MOTHER'S MAIDEN NAME</b> <u>Ethel</u>  |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <u>unknown</u>  |  | <b>16. SOCIAL SECURITY NO.</b> <u>unknown</u>  |  |
| <b>17. INFORMANT</b> <u>Allie McLaury, K.C. Mo.</u>  |  | Address  |  |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Gastric sclerotic heart disease</u>  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |
| DUE TO (b) _____<br>DUE TO (c) _____   |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| <b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)  |  |
| <b>20c. TIME OF INJURY</b> Hour _____ e.m. _____ p.m. _____ Month, Day, Year _____   |  | <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>                                     |  |
| <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | <b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE   |  |
| <b>21. I attended the deceased from</b> <u>11-21-1959</u> to <u>11-23-59</u> and last saw <sup>her</sup> him alive on <u>11-23-59</u><br>Death occurred at <u>9:01 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |  |
| <b>22a. SIGNATURE</b> <u>H.L. Dwyer</u> (Degree or title) <u>M.D.</u>  |  | <b>22b. ADDRESS</b> <u>2400 Cherry, K.C. Mo.</u>   |  |
| <b>22c. DATE SIGNED</b> <u>11/23/59</u>  |  | (State)  |  |
| <b>23. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>   |  | <b>23b. DATE</b> <u>11-24-59</u>   |  |
| <b>23c. NAME OF CEMETERY OR CREMATORY</b>  |  | <b>23d. LOCATION</b> (City, town, or county) (State) <u>St. Joseph Mo.</u>   |  |
| <b>24. FUNERAL DIRECTOR</b> <u>Stamery Mortuary, St. Joseph, Mo.</u>   |  | <b>25. DATE RECD. BY LOCAL REG.</b> <u>11-24-59</u>  |  |
| ADDRESS  |  | <b>26. REGISTRAR'S SIGNATURE</b> <u>never minshall</u>   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

H. L. Dwyer

DEC 23 1959

**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 John R. Sidmo

Licensed Embalmer No. 4531

P. O. Address Kansas City

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.