

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011095

FILED VS. MAR 28 1960

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. _____

1490

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	Length of stay in 1b 18 yrs.	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 ST. LUKES HOSP	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5524 CHESTNUT	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ARVY E MCGHGHY	4. DATE OF DEATH Month Day Year MARCH 9, 1960
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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 SEPT 27, 1920	9. AGE (last birthday) 38 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) STOCKTON KANSAS	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME ELI E MCGHGHY	13b. MOTHER'S MAIDEN NAME LETITIS WHITTLE	14. NAME OF HUSBAND OR WIFE DORIS J. MCGHGHY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW 11	16. SOCIAL SECURITY NO. 511 16 7536	17. INFORMANT Address Boris J MCGHGHY 5524 CHESTNUT
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Post operative Pneumonia DUE TO (b) - Curcuma Left Lung DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	INTERVAL BETWEEN ONSET AND DEATH 4 1/2 - 5 mo
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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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input 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 _____ s.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
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21. I attended the deceased from Feb. 26, 1960 to March 9, 1960 and last saw ^{him} ~~her~~ alive on March 9, 1960
Death occurred _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Clare P. Henry</i> (Degree or title)	22b. ADDRESS Plaza Parkway Bldg	22c. DATE SIGNED 3-12-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR 12, 1960	23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEM	23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.
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24. FUNERAL DIRECTOR ADDRESS 1331 Brush Creek Blvd. D. W. NEWCOMER'S SONS KC. MO.	25. DATE RECD. BY LOCAL REG. 3-12-60	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF *Clare P. Henry*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chester K. Brown

Licensed Embalmer No. 4931
P. O. Address KC 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.