

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015485

FILED VS APR 26 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1976 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>JACKSON</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>	a. STATE <b>MISSOURI</b>	b. COUNTY <b>JACKSON</b>
Length of stay in 1b <b>60 YEARS</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOSEPH'S HOSP.</b>		d. STREET ADDRESS <b>442 W. 35th ST.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <b>WILLIAM</b>	Middle <b>MC CAVICK</b>	Last	Month <b>APRIL</b>	Day <b>5</b>
Year <b>1960</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>CAUC.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 7, 1876</b>	9. AGE (last birthday) <b>83</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DEPUTY SHERIFF</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SHERIFFS OFFICE</b>	11. BIRTHPLACE (City and state or country) <b>BALLINA, IRELAND</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>PATRICK MC CAVICK</b>		13b. MOTHER'S MAIDEN NAME <b>MARY MC CAVICK</b>		14. NAME OF HUSBAND OR WIFE <b>WINIFRED MC CAVICK</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>496-10-1873</b>		17. INFORMANT <b>WINIFRED MC CAVICK</b>
		Address <b>442 W. 35th ST.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Acute Pulmonary Edema</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Coronary Artery Disease</i>	
DUE TO (c) <i>Acute Myocardial Infarction</i>		
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

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 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 4-3-60 to 4-5-60 and last saw her/him alive on 4-5-60  
Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Braham J. Geha</i>	(Degree or title)	22b. ADDRESS <b>751 E 63rd St</b>	22c. DATE SIGNED <b>4/7/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>APRIL 8, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. OLIVET CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
24. FUNERAL DIRECTOR <b>MUEHLEBACH FUNERAL HOME</b>		ADDRESS <b>6800 BROOST</b>	25. DATE RECD. BY LOCAL REG. <b>4-7-60</b>
		26. REGISTRAR'S SIGNATURE <i>Neva Minshel</i>	

BY AFFIDAVIT OF **Braham J. Geha**

MEDICAL CERTIFICATION

DOCUMENT

MAY 19 1980

### 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 *[Handwritten Signature]*

Licensed Embalmer No. 1989

P. O. Address d.c. me

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.