

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019500

FILED VS MAY 27 1960

149

1002

2862

STATE FILE NUMBER

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

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 50 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 4613 Bell St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4613 Bell St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Dennis Raymond Mc Dermott			4. DATE OF DEATH Month Day Year May 14, 1960		
--	--	--	---	--	--

5. SEX male	6. COLOR OR RACE caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 8, 1894	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) metal plater	10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (City and state or country) Frankfort, Kansas	12. CITIZEN OF WHAT COUNTRY U. S. A.
--	--	--	--

13a. FATHER'S NAME John Mc Dermott	13b. MOTHER'S MAIDEN NAME Bridget Burke	14. NAME OF HUSBAND OR WIFE Klen Mc Dermott
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W. W. I.	16. SOCIAL SECURITY NO. 486-07-3967	17. INFORMANT Wife Address _____
---	---	--

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 immediate	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) coronary thrombosis and heart block 1 month
	DUE TO (c) myocardial ischemia and infarction

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 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 Month, Day, Year a.m. p.m.	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 April 30, 1960 to May 13 60 and last saw her/him alive on May 7, 1960 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Melody H. Gilley, M.D.</i>	22b. ADDRESS 518 Argyle Bldg., K. C. Mo.	22c. DATE SIGNED 5-14-60
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5-16-60	23c. NAME OF CEMETERY OR CREMATORY St. Mary's	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
--	-----------------------------	---	--

24. FUNERAL DIRECTOR ADDRESS Melody-Mc Gilley-Eylar 20 W. Linwood	25. DATE RECD. BY LOCAL REG. 5-15-60	26. REGISTRAR'S SIGNATURE <i>Neve Minshall</i>
---	--	---

DOCUMENT

BY AFFIDAVIT OF Wallace H. Graham MEDICAL CERTIFICATION

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 _____

Wm. H. Gentry

Licensed Embalmer No. 5037

P. O. Address K.C.

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

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.