URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 23 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4037 60-030656 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 10 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3918 Charlotte Grosse Nursing Home — Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 6832 Rockhill Rd. — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First Mary; Middle V.; Last McCann
4. DATE OF DEATH: Month Aug. Day 5 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed XX Divorced ☐
8. DATE OF BIRTH: 7-12-86
9. AGE (last birthday): 74
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): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (City and state or country): NELSON, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: ISAAC LaGORE
13b. MOTHER'S MAIDEN NAME: MARY BOUIE
14. NAME OF HUSBAND OR WIFE: FRANK McCANN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS. CURTIS COE Address: 6832 ROCKHILL ROAD KANSAS CITY, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive and Atherosclerotic — 8 years
~~DUE TO (c)~~ cardio and cerebral Vascular Disease
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1952, to 8-5-60 and last saw her alive on 8-4-60
Death occurred at 1:35 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF J. Steffen

22a. SIGNATURE J. Steffen M.D. (Degree or title)
22b. ADDRESS 1103 Grand Ave K.C. Mo
22c. DATE SIGNED 8-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: AUGUST 6, 1960
23c. NAME OF CEMETERY OR CREMATORY: OAK HILL CEMETERY
23d. LOCATION (City, town, or county) (State): CARROLLTON MISSOURI

24. FUNERAL DIRECTOR: D.W. Newcomers Sons ADDRESS: 1331 BRUSH CREEK Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 8-6-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 Norman W. Thorson

Licensed Embalmer No. 4889

P. O. Address St. C, Mo.

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