

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042178

FILED VS. NOV 23 1960

149

Registration District No. Primary Registration District No. 1003 Registrar's No.

5511

STATE FILE NUMBER

DED

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 35 yrs.	c. CITY OR TOWN Kansas City		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 701 West 32nd Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Thomas Middle J. Last Nash			4. DATE OF DEATH Month October Day 30 , Year 1960			
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 7-31-1896	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY U.S. Corp Engineers	11. BIRTHPLACE (City and state or country) Buffalo, New York	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Daniel Nash		13b. MOTHER'S MAIDEN NAME Mary Brodie		14. NAME OF HUSBAND OR WIFE Anna Marie Nash		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WWI U.S. Navy		16. SOCIAL SECURITY NO. ---	17. INFORMANT Address Mrs. Anna Marie Nash, 701 W. 32nd St. Mo. K.C.			
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, left					INTERVAL BETWEEN ONSET AND DEATH 5 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) osteoporosis, severe				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 Month, Day, Year a.m. p.m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 1949 to 10/30/60 and last saw her alive on 10/30/60 Death occurred at 11 P.m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) James R. Mc Vay M.D.		22b. ADDRESS 814 V.I.E.W. BLDG		22c. DATE SIGNED 11-1-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-2-1960	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar, 20 West Linwood K. C. Mo.		25. DATE RECD. BY LOCAL REG. 11-2-60	26. REGISTRAR'S SIGNATURE H. L. Dwyer			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

James R. Mc Vay

