

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008964

AMENDED FILED APR 10 1961 Registration District No. 1149 Primary Registration District No. 1002 Registrar's No. 1534 STATE FILE NUMBER

| | | | |
|---|--|--|--|
| 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 lb 69yrs | 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. Joseph's Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 616 Romany Road Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|---|---------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Hugh Middle P. Last McTernan | | | 4. DATE OF DEATH Month March Day 25 Year 1961 | | |
| 5. SEX Male | 6. COLOR OR RACE Cauc | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-31-1889 | 9. AGE (last birthday) 71 | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business Mgr. | | 10b. KIND OF BUSINESS OR INDUSTRY Social Security | 11. BIRTHPLACE (City and state or country) London, England | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Hugh McTernan | | 13b. MOTHER'S MAIDEN NAME Rose Gallagher | | 14. NAME OF HUSBAND OR WIFE Elizabeth McTernan | |
| 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. W W I | | 17. INFORMANT Bridget A. Mrs. Lawless 5408 Baltimore K.C. Address | |

| | | |
|---|--|--|
| 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) Terminal Bronchopneumonia | | 3 days |
| DUE TO (b) Cerebral accident left | | 3 days |
| DUE TO (c) Diabetic arteriosclerotic heart disease | | years |
| 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 1938 to 3-25-61 and last saw ^{him} alive on 3-25-61
Death occurred at 8:07 AM on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|--|--|--|
| 22a. SIGNATURE <i>John T. Skinner</i> (Degree or title) | 22b. ADDRESS 1109 Grand St. P.M.C. | 22c. DATE SIGNED 3-26-61 |
| 23a. BURIAL CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3-28-1961 | 23c. NAME OF CEMETERY OR CREMATORY Calvary |
| 23d. LOCATION (City, town, or county) Kansas City Missouri | | (State) |

| | | |
|--|--|---|
| 24. FUNERAL DIRECTOR Melody McGilley-Eylar | 25. DATE RECD. BY LOCAL REG. 3-27-61 | 26. REGISTRAR'S SIGNATURE <i>Ruth Long</i> |
|--|--|---|

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 SHOULD READ
 BY AFFIDAVIT OF
 John T. Skinner - MEDICAL CERTIFICATION

Dr. J. T. Skinner

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed _____

Wm. H. Lantry

Licensed Embalmer No. 5038

P. O. Address K.C. 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.