

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-041149

AMENDED

Registration District No. 149, Primary Registration District No. 1002, Registrar's No. 5478 STATE FILE NUMBER

FILED NOV 17 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	a. STATE MISSOURI	COUNTY JACKSON
Length of stay in lb 37 YEARS		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 VETERAN'S ADM. HOSP.		d. STREET ADDRESS 2702 EAST 40TH ST.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First JOSEPH	Middle G	Last McCABE	4. DATE OF DEATH	Month OCTOBER	Day 30	Year 1961
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/26/83	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) YARD CLERK	10b. KIND OF BUSINESS OR INDUSTRY MISSOURI PACIFIC R.R.	11. BIRTHPLACE (City and state or country) SOUTHSHIRE, ENG.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME MICHAEL McCABE	13b. MOTHER'S MAIDEN NAME MARY ANN McCAURT	14. NAME OF HUSBAND OR WIFE MATTIE BRYAN McCABE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) YES WORLD WAR I	17. INFORMANT MARGARETE M. CARBONE ^{Address} 6112 E. 65 TERR. K. C. MO.
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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) SUBDURAL HEMATOMA	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) BRONCHOPNEUMONIA SLIGHT	
DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease (condition given in PART I (a)) v. a. Posted	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) FELL AT HOME
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20c. TIME OF INJURY UNKNOWN	Hour 10/24/61	Month, Day, Year
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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.) AT HOME	20f. CITY, TOWN, OR LOCATION KANSAS CITY	COUNTY JACKSON	STATE MISSOURI
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **4:40 P.** _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens	22b. ADDRESS 1162 Union Station	22c. DATE SIGNED 11-16
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE NOV. 2, 1961	23c. NAME OF CEMETERY OR CREMATORY PAOLA CEMETERY	23d. LOCATION (City, town, or county) (State) PAOLA KANSAS
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS	ADDRESS 1331 BRUSH CR. KANSAS CITY MO.	25. DATE RECD. BY LOCAL REG. 11-2-61	26. REGISTRAR'S SIGNATURE Ruth Long
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Hugh H. Owens

ITEM NO. SHOULD READ

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 Robert Ray

Licensed Embalmer No. 4182
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.