

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6058 -61-044875
STATE FILE NUMBER

AMENDED: Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

FILED DEC 22 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT BY AFFIDAVIT OF **Bernard L. Mullins** MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MO b. COUNTY Platte CLAY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 2 weeks	c. CITY OR TOWN 3801, W. PARK DR,
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) 3801, W. PARK DR,
3. NAME OF DECEASED (Type or print) First Middle Last DEVETA ANN MCGINLEY			4. DATE OF DEATH Month Day Year December 2 1961
5. SEX Female	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 Mar. 18, 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Co. Chg. Opr.		10b. KIND OF BUSINESS OR INDUSTRY S. Western Bell	11. BIRTHPLACE (City and state or country) Orrick, Mo.
13a. FATHER'S NAME Dave Busit		13b. MOTHER'S MAIDEN NAME Scott	14. NAME OF HUSBAND OR WIFE Joseph E. McGinley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Joseph E. McGinley, 3801 W. Park Drive K. C. North	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhagic Stroke			INTERVAL BETWEEN ONSET AND DEATH 36-48 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Obstruction for intestinal obstruction			36-48 hr.
DUE TO (c) _____			
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 checked="" 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 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 <u>1960</u> to <u>1961</u> and last saw her alive on <u>12-1-61</u> Death occurred at <u>5th am 12-2-61</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Bernard L. Mullins M.D.		22b. ADDRESS 1806 SWIFT ST. No. K.C.	22c. DATE SIGNED 12-2-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 4, 1961	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Melody-McGilley-Eylar Funeral Home 1800 E. Linwood		25. DATE RECD. BY LOCAL REG. 12-2-61	26. REGISTRAR'S SIGNATURE Ruth Long

Dr. Bernard T.
1806 Street
North F. C., Mo.

Dr. 1.24.14

tell 6 PM

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

James E. H. ...

Licensed Embalmer No. *1543*

P. O. Address *HC 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.