

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010895

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1774

DO NOT WRITE ON THIS STUB

AMENDED

**FILED APR 5 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF E. Mac EMERALD CERTIFICATION

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>                  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b>  |   | Length of stay in 1b<br><b>2 1/2 YRS</b>  | c. CITY OR TOWN <b>KANSAS CITY</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>506 KINICKERBACHER PLACE</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>500 KINICKERBACHER PLACE</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>       |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Mary Grace Donovan</b>  |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>MARCH 26 1962</b>  |
| 5. SEX<br><b>FEMALE</b>  | 6. COLOR OR RACE<br><b>W</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>2-20-1872</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSE WIFE + NURSE</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>WEBSTER CITY TOWN</b>   | 11. BIRTHPLACE (City and state or country)<br><b>USA</b>  |
| 13a. FATHER'S NAME<br><b>GEORGE SHEETZ</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>RANNELS</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>IRA</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service)<br><b>NO</b>  |   | 16. SOCIAL SECURITY NO.<br><b>NONE</b>  | 17. INFORMANT<br><b>MRS. J. W. BEERY</b><br>Address <b>500 KINICKERBACHER PLACE</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>None</b>   |
| DUE TO (b) <b>Arteriosclerotic Heart Disease</b>   |   |   | <b>3 years</b>  |
| DUE TO (c) <b>Generalized Arteriosclerosis</b>   |   |   | <b>10 years</b>   |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>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 <b>May 1 1957</b> to <b>March 25 1962</b> and last saw her <sup>him</sup> alive on <b>March 21 1962</b> .<br>Death occurred at <b>4</b> <sup>a</sup> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>E. Mac Innis M.D.</b>   |   | 22b. ADDRESS<br><b>4620 Nichols Pkwy. Kansas City Mo.</b>   | 22c. DATE SIGNED<br><b>3/26/62</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>REMOVAL</b>  | 23b. DATE<br><b>3-27-1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>PLAIN VIEW</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>CHULA, MO.</b>  |
| 24. FUNERAL DIRECTOR<br><b>MELLOY - McGILLEY EMBLERS</b><br>ADDRESS <b>LINWOOD &amp; WOODWARD K.C. MO</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>3-27-62</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>   |

USE BLACK INK OR TYPEWRITER RIBBON

**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 Hackleman

Licensed Embalmer No. 4573

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.