

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-015347

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2318 STATE FILE NUMBER

**FILED MAY 14 1962**

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 40 YEARS

c. CITY OR TOWN KANSAS CITY Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GENERAL HOSPITAL Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 4332 TROST AVE. Residence on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Bertha Middle A. Last Mackie

4. DATE OF DEATH Month 4 Day 25 Year 62

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH SEPT. 10, 1882 9. AGE (last birthday) 79

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME 10b. KIND OF BUSINESS OR INDUSTRY --- 11. BIRTHPLACE (City and state or country) WALLACE, MO. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME BENJAMIN FRANKLIN LOAR 13b. MOTHER'S MAIDEN NAME MARY JANE JOHNSON 14. NAME OF HUSBAND OR WIFE ROBERT MACKIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT MRS. MAUDE F. HALLERAN Address 706 W. 77TH ST. KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Pneumonia  
 DUE TO (b) Chronic pulmonary emphysema  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dehydration

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 4-24-62 to 4-25-62 and last saw her alive on 4-25-62  
 Death occurred at 7:34 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) \_\_\_\_\_ 22b. ADDRESS 2400 Cherry 22c. DATE SIGNED 4-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE APRIL 27, 1962 23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY 23d. LOCATION (City, town, or county) KANSAS CITY, MO.

24. FUNERAL DIRECTOR FREEMAN MORTUARY, ADDRESS KANSAS CITY, MISSOURI 25. DATE RECD. BY LOCAL REG. 4-27-62 26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Ralph O. Grubb

Licensed Embalmer No. 5004

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.