

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15785
State File No. _____
2253

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2253</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City Mo. 183</u>		d. STREET ADDRESS (If rural, give location) <u>2800 E 10th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kelly Convalescent Home</u>				3. NAME OF DECEASED (First) <u>Catherine</u> (Middle) <u>Agnes</u> (Last) <u>Cairille</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>5-22-49</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>Wh.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>11-10-1871</u>		9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Cairille</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Rock</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marion B. Steel - 6606 Independence</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary</u> <u>coronary sclerosis</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>10-15 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Dec. 1948</u> , to <u>May 22, 1949</u> , that I last saw the deceased alive on <u>5-22-49</u> , 19____, and that death occurred at <u>10:00PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. E. Miller MD</u>				23b. ADDRESS <u>730 Prof. Bldg. M.C. Mo.</u>		23c. DATE SIGNED <u>5-24-49</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>5-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary - #</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kans.</u>	
DATE REC'D BY LOCAL REG. <u>5-24-49</u>		REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John P. Steel # - C. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300

10.48

*John P. Sheel
Kansas City, Mo.*

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.

Signed _____

John P. Sheel

Signed _____
Student Embalmer

Licensed Embalmer No. *3625*

P. O. Address *Kansas City, 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 this body is not embalmed, fact should be so stated above.