

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36964

4764

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	c. LENGTH OF STAY (In this place) <b>4 YEARS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	2A48
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>1404 BENTON BLVD</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>PERCY</b> b. (Middle) <b>STEWARD</b> c. (Last) <b>CAWLEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV-10-1950</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>APRIL-12-1919</b>	9. AGE (In years last birthday) <b>31</b>	IF UNDER 1 YEAR Months Days	IF UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ASSEMBLY FOREMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NORTHEAST TOOL DUSTRY &amp; D.F. COMPANY</b>	11. BIRTHPLACE (State or foreign country) <b>NELSON BRITISH COLUMBIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>	

13a. FATHER'S NAME <b>PERCY CAWLEY</b>	13b. MOTHER'S MAIDEN NAME <b>KATHERINE PETERSON</b>	14. NAME OF HUSBAND OR WIFE <b>MARY C. CAWLEY</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>578-05-4059</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. MARY C. CAWLEY</b> ADDRESS <b>1404 BENTON BLVD KANSAS CITY, MO</b>

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Polycystic Renal Disease</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH  <b>7571</b>
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19a. DATE OF OPERATION <b>11/8/50</b>	19b. MAJOR FINDINGS OF OPERATION <b>Cystoscopy &amp; Pycelographic Evidence of Polycystic Kidney</b>		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
21a. ACCIDENT (Specify) <b>SUICIDE</b>	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) _____
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 **11-9-50**, to **11-10-1950**, that I last saw the deceased alive on **11-10-1950**, and that death occurred at **4:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. I. Smith</b> (Degree or title) <b>Dr. I. Smith</b>	23b. ADDRESS <b>1019 Prog Bldg</b>	23c. DATE SIGNED <b>11/12/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>NOV-13-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. WASHINGTON CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>11-13-50</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. W. Newcomb</b> ADDRESS <b>1331- BROOK CREEK BLVD KANSAS CITY, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Professional Seal

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Edward M. Storey*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4452

P. O. Address K.C. 4 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.