

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16414

State File No. ....

2461

FILED JUN 13 1952

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>7 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>426 Cambridge</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Side Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Maggie</u>		b. (Middle) _____		c. (Last) <u>Dennis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5/31/52</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>9/23/1877</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		14. NAME OF HUSBAND OR WIFE <u>John Dennis</u>	
13a. FATHER'S NAME <u>James Sickles</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ashbury</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			

16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital RECORDS</u>		ADDRESS <u>K.C. Mo.</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Fracture Surgical Neck of RT Femur</u>		<u>2 hrs</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>123</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>about 5-16-52</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell on floor</u>	

22. I hereby certify that I attended the deceased from May 14, 1952, to May 31, 1952, that I last saw the deceased alive on May 21, 1952, and that death occurred at 2 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Maurice M. Geraghty</u> (Degree or title)		23b. ADDRESS <u>5811 Truman Rd. K.C.</u>		23c. DATE SIGNED <u>5/31/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/1/52</u>		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) <u>Clarence Mo.</u>		24e. DATE _____			

DATE REC'D BY LOCAL REG. <u>5-31-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Sheil</u>		ADDRESS <u>K.C. Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

24904  
K.H.

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 *John P. Sheil*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3625*

P. O. Address *H. C. Ma.*

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.