

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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4415

State File No. ....

FILE OCT 25 1952

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>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>29 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>2512 Kensington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2512 Kensington</b>			

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3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Margaret</b> c. (Last) <b>Monahan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10 9 52</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Oct 20, 1897</b>	9. AGE (In years last birthday) <b>55 54</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Scotland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Geo. Monahan</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Kelly</b>		14. NAME OF HUSBAND OR WIFE <b>---</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>486-01-1789</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles Monahan 2512 Kensington</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of left lung, Primary</b>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid 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. _____			

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19a. DATE OF OPERATION <b>6-2-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cancer of Lung</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 2-25, 1952 to Oct 9, 1952 that I last saw the deceased alive on 10-27, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Rugh A. Gestring MD</b>		23b. ADDRESS <b>303 Withman Bldg</b>		23c. DATE SIGNED <b>10-10-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-13-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's</b>	
				24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>10-10-52</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilley-Bylar Kansas City, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

DR. HUGH GESTRING

WIRTHMAN Bldg.

31 ST. + TROOST

VA: 6400

12 - 6:30 PM FRI.

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

*Melvin Barteau*

Student Embalmer No.

*438*

working under my personal supervision.

Student

*Melvin Barteau*  
Student Embalmer

Signed

*J Lee Schaberg*

Licensed Embalmer No.

*4513*

P. O. Address

*Odessa, M*

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.