No. 300
10.48

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

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26143

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1062 Registrar's No. 3502

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 810 W 28 — 45 — 3458 — D

3. NAME OF DECEASED (Type or Print)
a. (First): Vivena
b. (Middle): M
c. (Last): Egan

4. DATE OF DEATH (Month) Aug. (Day) 8 (Year) 55

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 13, 1912
9. AGE (In years last birthday): 43
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): St. Marys, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Walter Maskill
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Robert F. Egan-810 W. 28th

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): ____
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Robert F. Egan-Husband-810 W. 28th.K.C.Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute and chronic pulmonary edema — 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) Rheumatic heart disease, inactive — ____
DUE TO (c) mitral stenosis — ____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
410X

19a. DATE OF OPERATION: ____
19b. MAJOR FINDINGS OF OPERATION: ____
20. AUTOPSY? YES [X] NO [ ]

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) m.: ____
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: ____

22. *I hereby certify that I attended the deceased from* Aug. 8, 19 55, *to* Aug. 8, 19 55, *that I last saw the deceased alive on* Aug. 8, 19 55, *and that death occurred at* 1:25 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: B.I.Burns (Degree or title) M.D.
23b. ADDRESS: 24th & Cherry Sts.
23c. DATE SIGNED: 8/8/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/11/55
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 8-10-55
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: QUIRK & TOBIN-20 W. Linwood, K.C.Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~under~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Forrest D. Coldanow

Licensed Embalmer No. 4.7.1

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.