No. 300
10.48

FILED APR 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8985

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1153

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

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): 16 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lakeside Hospital

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): 3329 Benton Boulevard 356 8

3. NAME OF DECEASED (Type or Print): a. (First) MARGARET b. (Middle) CLEARY c. (Last) AULD

4. DATE OF DEATH (Month) March (Day) 14, (Year) 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 9, 1916.
9. AGE (In years last birthday): 39 — 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): Social Worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Kansas City, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Elmer Leon Pigg
13b. MOTHER'S MAIDEN NAME: Angie Cleary
14. NAME OF HUSBAND OR WIFE: Dr. J. Myron Auld, Jr.

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.: 491-32-2738
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Dr. J. Myron Auld, Jr., Kansas City, Missouri

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) Myocardial ~~failure~~ decompensation

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) thoracic effusion
DUE TO (c) generalized metastatic carcinomatosis. Primary site mammary

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

INTERVAL BETWEEN ONSET AND DEATH: 170 X

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

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* 12-23, 1955, *to* 3-14, 1956, *that I last saw the deceased alive on* 3-13, 1956, *and that death occurred at* 5:05 A *m., from the causes and on the date stated above.*

23a. SIGNATURE John C. Taylor (Degree or title): John C. Taylor, D.O.
23b. ADDRESS: 3504 Troost
23c. DATE SIGNED: 3-14-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 16, 1956
24c. NAME OF CEMETERY OR CREMATORY: Floral Hills Cemetery
24d. LOCATION (City, town, or county) (State): Jackson County, Missouri.

DATE REC'D BY LOCAL REG.: 3-15-56
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: FREEMAN MORTUARY, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Sa1-8635-1

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Walter H. Ervin

Licensed Embalmer No 435

P. O. Address Kansas (
Mo.

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