

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 25 1956

14691

1469

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. <u>1469</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5628 Locust</u>				e. STREET ADDRESS (If rural, give location) <u>5628 Locust</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) _____ c. (Last) <u>SLATTERY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 4 56</u>					
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11-20-1875</u>		9. AGE (In years last birthday) <u>80</u>	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) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, D.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Perry Hilton</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Ann Berry</u>		14. NAME OF HUSBAND OR WIFE <u>P. H. Slattery, Sr.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Claribel Slattery, 5628 Locust, KC Mo</u>				
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Encephalomalacia</u>				<u>1 year</u>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Cerebral Thrombosis</u> <u>5 years</u>				
DUE TO (c) <u>Cerebral Arteriosclerosis</u> <u>5 years</u>								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Myocardial Degeneration</u> <u>2 months</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		332X		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 <u>Nov. 1, 1951</u> , to <u>April 4, 1956</u> , that I last saw the deceased alive on <u>April 4, 1956</u> , and that death occurred at <u>9:15 A.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>John K. Caldwell</u> (Degree or title) <u>MD.</u>				23b. ADDRESS <u>Kansas City, Mo.</u>		23c. DATE SIGNED <u>4/4/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-6-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>mt. St. Marys</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-4-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wagner Funeral Home</u>		ADDRESS <u>K 6 Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

3:00 P.M.

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Alvin R. Hansen*

Licensed Embalmer No. *41*

P. O. Address *H. C.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.