Health, Welfare Public Service

300
1-56

FILED MAY 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13060
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1679

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1334 East 55th St. — Length of stay in Hospital 65 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1334 East 55th St. — Reside on Farm Yes ☐ No X

3758

3. NAME OF DECEASED (Type or print): First BLANCHE Middle M. Last CUNNINGHAM

4. DATE OF DEATH Month 4 Day 8 Year 57

5. SEX Female
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH June 2, 1889
9. AGE (In years last birthday) 67
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 Home
11. BIRTHPLACE (City and state or country) Edina, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John F. Mallon
14. MOTHER'S MAIDEN NAME Catherine Clarke

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. 500-22-4415
17. INFORMANT Address J.J. Cunningham. 1334 East 55th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Rheumatic Heart Disease with
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Aortic Stenosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
411A

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8 APR 57 to 8 APR 57 and last saw her/him alive on 8 APR 57
Death occurred at 9:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John F. McDonnell, MD (Degree or title)
22b. ADDRESS 315 Nichols Road Kansas City, Missouri
22c. DATE SIGNED 9 APR 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-11-57
23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar, 1800 E Linwood
25. DATE RECD. BY LOCAL REG. 4-11-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

John F. Mc Donnell

Dr. J. F. McDonnell
Plaza Med Bld
VA 1-3243
1-6 PM - TUES.

MAY 23 1957

MAY 20 1957

JUN 4 1957

KP 2

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James W. Wair

Licensed Embalmer No. 46 S

P. O. Address Kansas City,

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