

FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24697

STATE FILE NUMBER

3411

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3411

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Our Lady of Mercy				Length of stay in lb 4 yrs		d. STREET OR ADDRESS 918 E. 9th		
3. NAME OF DECEASED (Type or print) First ELLA Middle ROSE Last McGLINCHY				4. DATE OF DEATH Month July Day 19 Year 1957				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 10, 1866		
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0				
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) Paola, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME John Gorman				14. MOTHER'S MAIDEN NAME Mary (Unknown)				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Leawood Hills, Kansas Lawrence McGlinchy, 8801 Norwood			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C. V. A. disease							INTERVAL BETWEEN ONSET AND DEATH Year	
DUE TO (b) Hypertension							Unknown	
DUE TO (c) Phlebitis							2 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Fracture hip 1953							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour 7:00 A Month 7 Day 20 Year 1953								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Oct 20, 1953 to July 19, 1957 and last saw her ^{her} him alive on Dec 8, 1956 Death occurred at 7:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Orval T. Needels M.D.				22b. ADDRESS 7400 Wornall Rd. Mo.		22c. DATE SIGNED July 19, 1957		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-22-1957		23c. NAME OF CEMETERY OR CREMATORY Emerald Kansas Cem.		23d. LOCATION (City, town, or county) (State) Emerald, Kansas		
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home				25. DATE RECD. BY LOCAL REG. 7-20-57		26. REGISTRAR'S SIGNATURE Neva Marshall		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Orval T. Needels, M.D.

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

00-56

Health, Welfare, Public Service

Dr. David T. Needles
Medico Dental Bldg
7400 Wormal
De 3-9121

10:5 PM

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 *Arthur E. Keefe*

Licensed Embalmer No. *41*

P. O. Address *Y.C.*

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

