pt. Health,
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S. Public
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FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

44310
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5739

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City Mo. Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Marys Hosp. Length of stay in 1b: 45 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City Mo. Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4404 Campbell Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Sarah Middle: Ellen Last: Devaney
4. DATE OF DEATH: Month: Dec. Day: 1 Year: 1957
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12- 26- 1883
9. AGE (In years last birthday): 73 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): Secretary
10b. KIND OF BUSINESS OR INDUSTRY: Bituminous Coal Comm.
11. BIRTHPLACE (City and state or country): Rushill Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Patrick Devaney
13b. MOTHER'S MAIDEN NAME: Catherine Gallagher
14. NAME OF HUSBAND OR WIFE: none
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.: —
17. INFORMANT: Michael E. Devaney Address: Laddonia Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis
DUE TO (c) Generalized Arteriosclerosis H201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pulmonary Carcinoma

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 1954, to Dec 1, 1957 and last saw her him alive on Dec 1, 1957
Death occurred at 8:20 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert K. Shillman (Degree or title) M.D.
22b. ADDRESS: 4635 Wyandotte Kansas City Mo.
22c. DATE SIGNED: 12-3-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal AUTO
23b. DATE: 12- 4- 57
23c. NAME OF CEMETERY OR CREMATORY: St. Brendans
23d. LOCATION (City, town, or county) (State): Mexico Mo.

24. FUNERAL DIRECTOR: Thomas E. Quirk ADDRESS: 4316 Troost
25. DATE RECD. BY LOCAL REG.: 12-4-57
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Robert K. Shillman

DEC 30 1957

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.