

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032658

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4377

FILED OCT 8 1958

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		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 201 No Monroe		d. STREET ADDRESS (If outside, give location) 201 No Monroe	

3. NAME OF DECEASED (Type or print) First MARGARET Middle AGNES Last FEREN			4. DATE OF DEATH Month September Day 20 Year 1958		
--	--	--	---	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 20 1874	9. AGE (In years birthday) 84	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (City and state or country) Wyandotte Co Kansas	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Telephone Operator		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Frank McIntyre	13b. MOTHER'S MAIDEN NAME No Record	14. NAME OF HUSBAND OR WIFE James J Feren
---	---	---

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. 534-22-6277	17. INFORMANT James J Feren 201 No Monroe K C Mo
--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Artery Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4h.
DUE TO (b) Atherosclerosis.		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	

20d. INJURY OCCURRED WHILE AT <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 Kansas City Jackson Mo	COUNTY _____ STATE _____
---	---	--	--------------------------

21. I attended the deceased from **Sept. 1, 1958** to **Sept 29, 1958** and last saw her alive on **Sept 18, 1958**
Death occurred at _____ **11:00 a.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE K. L. Shireman (Degree or title) D	22b. ADDRESS 4606 St John Kean	22c. DATE SIGNED 9-22-58
--	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 23 1958	23c. NAME OF CEMETERY OR CREMATORY St Mary's Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Mo
--	----------------------------------	---	--

24. FUNERAL DIRECTOR Sheil Funeral Home Kansas City Mo	25. DATE RECD. BY LOCAL REG. 9-22-58	26. REGISTRAR'S SIGNATURE Neva Marshall
--	--	---

All diseases in Part I must be causally related.

K. L. Shireman USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

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 Richard E. Carroll

Licensed Embalmer No. 4829
P. O. Address KCS

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.

