

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001410

STATE FILE NUMBER

316

FILED FEB 5 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Belton</b> (190)
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>K. C. Osteopathic</b>		Length of stay in lb <b>8 days</b>	d. STREET ADDRESS (If outside, give location) <b>912 Ella</b>
3. NAME OF DECEASED (Type or print) First <b>HENRY</b> Middle <b>CLAYTON</b> Last <b>McANALLY</b>		4. DATE OF DEATH Month <b>Jan.</b> Day <b>16,</b> Year <b>1959</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 20, 1883</b>
9. AGE (In years last birthday) <b>75</b>		FUNDER 1 YEAR Months <b>7</b> Days <b>1</b>	IF UNDER 24 HRS. Hours <b>1</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General</b>	11. BIRTHPLACE (City and state or country) <b>Cass Co., Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>David McAnally</b>	
13b. MOTHER'S MAIDEN NAME <b>Maggie Urton</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Mae McAnally</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Helen Gibson</b> Address <b>St. Louis, Ill.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis Anterior</b> DUE TO (b) <b>Coronary Atherosclerosis</b> DUE TO (c) <b>Artero-sclerosis of cerebral arteries</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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 <b>4.02 P.M.</b> Month, Day, Year		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 <b>Belton</b> COUNTY <b>Missouri</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>January 2-59</b> to <b>Jan 16-59</b> and last saw him alive on <b>Jan 15, 1959</b> . Death occurred at <b>4.02 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John E. Cavanaugh D.D.</b> (Degree or title)		22b. ADDRESS <b>309 Main St. Belton Mo</b>	22c. DATE SIGNED <b>1/17/59.</b>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan 22, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Belton Cemetery</b>
23d. LOCATION (City, town, or County) <b>Belton, Missouri</b>		23e. (State)	
24. FUNERAL DIRECTOR <b>K. George &amp; Sons</b> ADDRESS <b>Belton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-19-59</b>	26. REGISTRAR'S SIGNATURE <b>Reva Minshall</b>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

John E. Cavanaugh

300  
1-57

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 *Ronald E. Geage* .....

Licensed Embalmer No. *3958* .....

P. O. Address *Bellton, Mo* .....

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.