

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021519

FILED JUL 13 1959

Registration District No. 149

Primary Registration District No. 1002

STATE FILE NUMBER

Registrar's No. 3126

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) 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	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS 4022 Central	
Length of stay in lb 55 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last KATHERINE L. McGLANATHAN			4. DATE OF DEATH Month Day Year 6 26 59
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-14-1887
9. AGE (In years last birthday) 71		10. KIND OF BUSINESS OR OCCUPATION (Give kind of work done during past 12 working months if retired) Mgr. Candy Dept	11. BIRTHPLACE (City and state or country) Leavenworth, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Thomas J. McClanathan	
13b. MOTHER'S MAIDEN NAME Margaret McNamara		14. NAME OF HUSBAND OR WIFE XX	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No xx		16. SOCIAL SECURITY NO. 487-01-7586	
17. INFORMANT Wm. F. Starner, 4022 Central		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) Hypertension DUE TO (c) strangulated hernia umbilica			INTERVAL BETWEEN ONSET AND DEATH 1 hr 5 yrs 3 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emergency Surgery Gauzeous Bowels			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 40		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 5612	
20c. TIME OF INJURY Hour a.m. p.m. 40		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" 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 Death occurred at 12:15 P.M. 6-29-59 to 6-26-59 and last saw her/him alive on 6/26/59 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. B. Casbolt MD		22b. ADDRESS 4000 Battleground Kc Mo	
22c. DATE SIGNED 6/26/59		22d. LOCATION (City, town, or county) (State) Kansas City Mo	
23a. BURIAL, CREMATION, or other disposal (Specify) Burial		23b. DATE 6-29-59	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City Mo	
24. FUNERAL DIRECTOR Nagmer Funeral Home. Kc. Mo		25. DATE RECD. BY LOCAL REG. 6-26-59	
26. REGISTRAR'S SIGNATURE Neva Marshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service

300 -57

All diseases in Part I must be causally related.
M. B. Casbolt

V A 1-5115

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 *Alvin R. Haunschild*

Licensed Embalmer No. *4159*
P. O. Address *H. C. 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.