

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044930

MENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5921 STATE FILE NUMBER

AMENDED

FILED DEC 18 1961

DATE AMENDED
12-11-61
12-11-61
INSTEAD OF
Regina C. Mullane
Elic Petalla
Regina Mullane
Elizabeth Petella
BY AFFIDAVIT OF John McGilley Funn. Dir. DOCUMENT Funeral Home Records
Eugene Smith
MEDICAL CERTIFICATION
ITEM NO. SHOULD READ
3 Regina Mullane
13b Elizabeth Petella

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>59 yrs.</u>	c. CITY OR TOWN <u>Kansas City</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4800 Jefferson</u>
3. NAME OF DECEASED (Type or print) First <u>Regina</u> Middle <u>G.</u> Last <u>Mullane</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>24</u> Year <u>1961</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-8-1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Lawrence, Kansas</u>
13a. FATHER'S NAME <u>Matthew Steele</u>		13b. MOTHER'S MAIDEN NAME <u>Elie Petella</u>	14. NAME OF HUSBAND OR WIFE <u>John P. Mullane</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Wm. M. Mullane 4925 Glendale Rd.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral vascular accident</u> DUE TO (b) <u>Cerebral vascular hemorrhage</u> DUE TO (c) <u>Hypertension + arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 days</u> <u>57 years</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 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 <u>Nov 22-1961</u> to <u>Nov 24, 1961</u> and last saw her <u>alive on Nov 29-1961</u> Death occurred at <u>11:30 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Eugene Smith M.D.</u>		22b. ADDRESS <u>4117 Cedar Road K.C. Mo.</u>	22c. DATE SIGNED <u>11/26/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-27-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>K. C., Mo.</u>
24. FUNERAL DIRECTOR <u>Melody-McGilley-Eylar</u>		25. DATE RECD. BY LOCAL REG. <u>-11-26-61</u>	26. REGISTRARS SIGNATURE <u>Ruth Long</u>

K.C., MO. (Licensed Embalmer's Statement on Reverse Side)

801 W. 587

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 Wm H. Lentz

Licensed Embalmer No. 3038

P. O. Address K.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.