

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006525

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1417

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS. 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF Harvey Jennett, M.D.

<b>FILED MAR 15 1963</b>	
<p>1. PLACE OF DEATH a. COUNTY <b>Jackson</b></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Saint Joseph Hospital</b></p>	<p>2. USUAL RESIDENCE (Where deceased lived; If institution: Residence before admission)</p> <p>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b></p> <p>c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <b>3010 E. 6th Street</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First Middle Last <b>Margaret M. Feil</b></p>	
<p>4. DATE OF DEATH Month Day Year <b>March 2 1963</b></p>	
5. SEX <b>Female</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>12-17-1883</b>
9. AGE (last birthday) <b>79 Yrs</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>
11. BIRTHPLACE (City and state or country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>John McGilvray</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret McGilvray</b>
14. NAME OF HUSBAND OR WIFE <b>Hans Feil</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>[REDACTED]</b>
17. INFORMANT <b>Hans C. Feil</b>	Address <b>3010 E. 6th Street K.C. Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>Nephritis - Uremia - Coma</b>	
DUE TO (b) <b>Chronic multiple kidney stones 20 yrs</b>	
DUE TO (c) <b>Psychonephritis</b>	
DUE TO (c) <b>Anemia from hematuria</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition in PART I (a)	
<b>obesity, gout, severe chronic lymphedema of both legs</b>	
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	
19. WERE AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <b>none</b>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>none</b>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <b>none</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>
20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>4-1-1953</b> to <b>3-2-63</b> and last saw her alive on <b>2-1-63</b> Death occurred at <b>1:15 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Harvey Jennett M.D.</b>	22b. ADDRESS <b>1500 Professional Bldg Kansas City, Mo</b>
22c. DATE SIGNED <b>3-2-63</b>	
23. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>
23d. DATE <b>3-5-63</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
24. FUNERAL DIRECTOR <b>Stine &amp; McClure</b>	25. DATE RECD. BY LOCAL REG. <b>3-4-63</b>
26. REGISTRAR'S SIGNATURE <b>Ruth H Long</b>	

MAR 19 1963

Dr. Harold Bennett  
Reg. Body  
11-2-3821  
12130 - 51300

STATEMENT BY LICENSED EMBALMER

0-23

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City, 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.