

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26876**
3387

BIRTH NO. _____		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. _____
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, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		
c. LENGTH OF STAY (If this place) 20 Yrs.		d. STREET ADDRESS (If rural, give location) 423 Forest		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hosp.				
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) W.		c. (Last) DONEHUE
4. DATE OF DEATH (Month) (Day) (Year) Aug. 5, 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Oct. 16, 1885	9. AGE (In years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chandelier Maker		10b. KIND OF BUSINESS OR INDUSTRY Summerbur Devine Co.		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Donehue		13b. MOTHER'S MAIDEN NAME Mary M. Myers		14. NAME OF HUSBAND OR WIFE Nellie A. Donehue
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. 499-07-9566		17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace Locascio, 423 Locust, K.C., Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatitis acute		INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) P.O.P. Heart failure		1 day
DUE TO (c) Cocci of Stomach				Undet.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Pyloric obstruction		
19a. DATE OF OPERATION 8-3-49		19b. MAJOR FINDINGS OF OPERATION Pyloric obstruction		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 6 weeks , 19 49 , to 8-5 , 19 49 , that I last saw the deceased alive on 8-5 , 19 49 , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE Leo M. Mullen		23b. ADDRESS 3548 Indiana St.		23c. DATE SIGNED 8-6-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/8/49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.				
DATE REC'D BY LOCAL REG. 8-6-49		REGISTRAR'S SIGNATURE Thelma Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Hellody-McGilley-Eylar, K.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed How E. Heck

Licensed Embalmer No. 4063

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 this body is not embalmed, fact should be so stated above.