

FILED DEC 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37018

4963

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write BURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>5.0 YRS.</u>		c. CITY (If outside corporate limits, write BURAL and give township) <u>Kansas City</u>		OR TOWN <u>3438</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital - Union Blvd</u>				d. STREET ADDRESS (If rural, give location) <u>3009 Harrison</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u>			b. (Middle) <u>B</u>		c. (Last) <u>FLAHERTY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-23-50</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>12-9-1896</u>		9. AGE (In years last birthday) (Specify) <u>53</u>	IF UNDER 1 YEAR Month   Day   Hour   Min.	IF UNDER 10 HRS. Hour   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bakery</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Orest Flaherty</u>		13b. MOTHER'S MAIDEN NAME <u>Thora E. Houry</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Flaherty</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-10-9301</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Flaherty - 629 Ohio St. K.C.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days.</u>
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>350+</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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) (Min.)		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 <u>11-19-50</u> , 19____, to <u>11-23-50</u> , 19____, that I last saw the deceased alive on <u>11-23-50</u> , 19____, and that death occurred at <u>5:30 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>E. Robert Negro MD</u> (Degree or title)				23b. ADDRESS <u>925 Argyle Bldg., K.C., Missouri</u>		23c. DATE SIGNED <u>11-25-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-27-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McClary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kans.</u>			
DATE REC'D BY LOCAL REG. <u>11-25-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F.A. Rising</u>		ADDRESS <u>K.C. Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.

Signed \_\_\_\_\_

*George A. Reising*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *4468*

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