

FILED JAN 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40638

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5270			
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) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 14 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 3508		d. STREET ADDRESS (If rural, give location) 938 EAST ARMOUR BLVD.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 928 MAIN STREET				3. NAME OF DECEASED a. (First) ROBERT b. (Middle) STALL c. (Last) CONLAN					
4. DATE OF DEATH (Month) (Day) (Year) DEC. 12. 1950		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED			
8. DATE OF BIRTH SEPT. 11. 1896		9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER & PRESIDENT		11. BIRTHPLACE (State or foreign country) NEW YORK CITY, NEW YORK			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER & PRESIDENT		10b. KIND OF BUSINESS OR INDUSTRY ROBT. S. CONLAN ASSOCIATES		11. BIRTHPLACE (State or foreign country) NEW YORK CITY, NEW YORK		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME DAVID CONLAN		13b. MOTHER'S MAIDEN NAME ELIZABETH UNKNOWN		14. NAME OF HUSBAND OR WIFE MRS GLADYS G. CONLAN					
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. 515-09-6826		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS GLADYS G. CONLAN 718 EAST ARMOUR KANSAS CITY, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocard infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had previous one about one year ago				INTERVAL BETWEEN ONSET AND DEATH 2 hours 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		21f. HOW DID INJURY OCCUR?			
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"/>							
22. I hereby certify that I attended the deceased from 11-1, 1950, to 12-12, 1950, that I last saw the deceased alive on 12-12, 1950, and that death occurred at 12:30 P. M., from the causes and on the date stated above.									
23a. SIGNATURE G. W. Morris Ginsberg				23b. ADDRESS 420 Prof Bldg		23c. DATE SIGNED 12-13-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC-15-1950		24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI			
DATE REC'D BY LOCAL REG. 12-15-50		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE A. H. Newcomer's Sons		ADDRESS 1331 BRUSH CREEK KANSAS CITY, 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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Doyle L. Daniel*

Licensed Embalmer No. *4702*

P. O. Address *New York City, N.Y.*

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.