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FILED MAR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8398
950

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. LENGTH OF STAY (in this place) 26 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital		d. STREET ADDRESS (If rural, give location) 3133 Garfield Avenue			

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3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) M.			c. (Last) CORRIGAN			4. DATE OF DEATH (Month) (Day) (Year) March 2, 1951					
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) widowed		8. DATE OF BIRTH 3-25-81			9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours	13. IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic				10b. KIND OF BUSINESS OR INDUSTRY Gas Service Co.				11. BIRTHPLACE (State or foreign country) Macon County, Missouri			12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Owen E. Corrigan			13b. MOTHER'S MAIDEN NAME Honorah Healey			14. NAME OF HUSBAND OR WIFE Alice Margaret Corrigan		
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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. 487-10-8754		17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred Smith, 3133 Garfield, KC Mo.		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia						INTERVAL BETWEEN ONSET AND DEATH 5 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Pancreas						1 year	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						15th	

19a. DATE OF OPERATION 2/26/51		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Head of Pancreas						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) (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 **2/26**, 19**51**, to **3/2**, 19**51**, that I last saw the deceased alive on **3/2**, 19**51**, and that death occurred at **5:30 p. m.**, from the causes and on the date stated above.

22a. SIGNATURE A.J. Milazzo (Degree or title) A. J. Milazzo M.D.		22b. ADDRESS 1811 Quindaro		22c. DATE SIGNED 3/2/51	
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24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 3-4-51		24c. NAME OF CEMETERY OR CREMATORY St. Mary's		24d. LOCATION (City, town, or county) (State) Macon, Missouri	
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DATE REC'D BY LOCAL REG. 3-3-51		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS Kansas City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

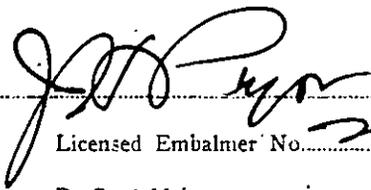
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 2999

P. O. Address..... KC

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.