

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16450**
1905BIRTH 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 institution) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)	
c. LENGTH OF STAY (in this place) 45 yrs		d. STREET ADDRESS (If rural, give location) 2310 Quincy	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2310 Quincy			

3. NAME OF DECEASED (Type or Print)		a. (First) ROBERT		b. (Middle) E.		c. (Last) CAHILL		4. DATE OF DEATH (Month) (Day) (Year) 5 4 51			
5. SEX Ma		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-12-1886		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret'd Printer				10b. KIND OF BUSINESS OR INDUSTRY Own Shop		11. BIRTHPLACE (State or foreign country) Lexington, Missouri			12. CITIZEN OF WHAT COUNTRY? U, S.A.		

13a. FATHER'S NAME Michael Cahill		13b. MOTHER'S MAIDEN NAME Mary Fitzgerald		14. NAME OF HUSBAND OR WIFE Edith O. Cahill	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-07-2110		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edith O. Cahill		ADDRESS 2310 Quincy, KC Mo	
(If yes, give war or dates of service) XX							

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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Duodenal Ulcer, Pyonephrosis		DUE TO (c) _____				4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1948 Pyonephrosis & Nephrocalculosis 1951 Duodenal Ulcer				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 **January, 1951**, to **May 4, 1951**, that I last saw the deceased alive on **May 3, 1951**, and that death occurred at **4 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Terry E. Lilly Jr. (Degree or title) Terry E. Lilly, Jr. M.D.		23b. ADDRESS 807 Argyle Building		23c. DATE SIGNED 5-4-51	
24a. BURIAL (CREMATION) REMOVAL Burial		24b. DATE 5-7-51		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
				24d. LOCATION (City, town, or county) (State) Kansas City Mo.	

DATE REC'D BY LOCAL REG. 5-4-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE J.W. Wagner		ADDRESS K C Mo.	
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(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 Alvin R. Harnschelk

Licensed Embalmer No. 4159

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.