

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37491  
4810

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Kansas City</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Kansas City</b>  |  |
| c. LENGTH OF STAY (in this place)<br><b>37 years</b>                                       |  | d. STREET ADDRESS (If rural, give location)<br><b>4103 Warwick</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Mary's Hospital</b>                      |  |   |  |

2678  
3673

|  |                                  |  |   |  |  |
|--|----------------------------------|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>MRS. LINA</b> b. (Middle) <b>HILL</b> c. (Last) <b>O'DONNELL</b> |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Nov 6 1951</b> |  |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widow</b> | 8. DATE OF BIRTH<br><b>May 24 1886</b>                        | 9. AGE (In years last birthday)<br><b>65</b>                         | IF UNDER 1 YEAR Months Days<br>IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>          |                                  | 10b. KIND OF BUSINESS OR INDUSTRY                                      |   | 11. BIRTHPLACE (State or foreign country)<br><b>Caloma, Michigan</b> |  |
| 13a. FATHER'S NAME<br><b>No record</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>No record</b>                          |   | 14. NAME OF HUSBAND OR WIFE<br><b>Michael O'Donnell</b>              |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> |  | 16. SOCIAL SECURITY NO.<br><b>none</b> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Miss Margaret Crane 4103 Warwick</b> |  |
|--|--|--|--|--|--|

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|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Peritonitis</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 wks</b> |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Chronic Pyelonephritis</b> |  |  |
|   | DUE TO (c) <b>Chronic Perinephritis</b>  |  |  |
| 11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  | <b>10 yrs</b>                                    |
|   |  |  | <b>10 yrs</b>                                    |
|   |  |  | <b>1002</b>                                      |

|  |  |   |
|--|--|---|
| 19a. DATE OF OPERATION                                 | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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 Sept 5, 1951, to Nov 6, 1951, that I last saw the deceased alive on Nov 6, 1951, and that death occurred at 6:10 P m., from the causes and on the date stated above.

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 23a. SIGNATURE <b>John R. Whiteman</b> (Degree or title)   |  | 23b. ADDRESS <b>6314 Brookside Plaza</b>                      |  | 23c. DATE SIGNED <b>11-9-51</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>Nov 9 1951</b>                   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b> |  | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b> |  |
| DATE REC'D BY LOCAL REG.<br><b>11-10-51</b>                | REGISTRAR'S SIGNATURE<br><b>Geraldine Holmes</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Dwight F. Robin</b>    |  | ADDRESS<br><b>20 West Linwood</b>   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNEADING 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,          by         

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed, Forrest N. Goldsboro

Licensed Embalmer No. 4714

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.