

FILED DEC 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37492
Registrar's No. 5058

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5058</u>	
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 RURAL and give town) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>3028 Tracy</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>T.</u> b. (Middle) <u>Robert</u> c. (Last) <u>O'Donnell</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>11 23 51</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 1, 1906</u>		9. AGE (In years last birthday) <u>45</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grain Division</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dept. of Agriculture</u>	
11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Terence O'Donnell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Frances O'Donnell</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Frances O'Donnell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-01-8435</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary F. O'Donnell 3028 Tracy KCMO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cancer Liver Pancreas, Intestine</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Liver Pancreas, Intestine</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 months</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUCE TO (b) <u>unknown</u> DUCE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153h</u>			
19a. DATE OF OPERATION <u>Nov 16 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of ascending Colon</u>				20. AUTOPSY? 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)	
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 <u>July 13, 1943</u> , to <u>Nov 23 1951</u> , that I last saw the deceased alive on <u>Nov 23, 1951</u> , and that death occurred at <u>11:50 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Harold A. Pallett</u> (Degree or title)				23b. ADDRESS <u>1132 Paul Blvd. K.C. Mo.</u>		23c. DATE SIGNED <u>11/26/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-26-51</u>		REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u>		ADDRESS <u>KCMO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

O'Donnell

Dr. Harold Pallette

Via. 1486

Prof. Bldg. 1132

April 13 1953

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 _____

Glen E. Heck

Licensed Embalmer No. _____

4063

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.