

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8512

State File No. 1328

FILED MAR 29 1952

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (In this place) <b>65 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	d. STREET ADDRESS (If rural, give location) <b>1603 Linwood Boulevard</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1603 Linwood Boulevard</b>		d. STREET ADDRESS (If rural, give location) <b>1603 Linwood Boulevard</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Terence</b> b. (Middle) c. (Last) <b>O'DONNELL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 20, 1952</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>1-25-64</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accountant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>County Clerk's Office, Indep., Mo.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Freeport, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>John O'Donnell</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Holland</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Ann O'Donnell</b>	
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>190-16-3341</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John V. O'Donnell, 1603 Linwood, K.C., Mo.</b>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>B. Adenocarcinoma of Prostate</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (a) Coronary Arteriosclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>  <b>177h</b>
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19a. DATE OF OPERATION <b>1-28-52</b>	19b. MAJOR FINDINGS OF OPERATION <b>Adenocarcinoma of Prostate</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 **1-16, 1952**, to **3-10, 1952**, that I last saw the deceased  alive on **3-10, 1952**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. A. Staggs</b> (Degree or title)		23b. ADDRESS <b>822 Angell KP Mo</b>		23c. DATE SIGNED <b>3-24-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-22-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>3-21-52</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Bylar</b>	ADDRESS <b>KCMO.</b>
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(Licensed Embalmers' Statements on Reverse Side)

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

08

*P. O. [unclear]  
[unclear] 2pm*

**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 \_\_\_\_\_

*J. B. Ryan*

Licensed Embalmer No. 5999

P. O. Address K E

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.