No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16679

BIRTH NO. ENTER JUN 7 1950 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2344

1. PLACE OF DEATH
a. COUNTY: Jackson 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY IN this city: 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jackson 3442 0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 2825 Baltimore Ave. 44

3. NAME OF DECEASED (Type or Print): a. (First) Mrs Elizabeth b. (Middle) c. (Last) O'Brien
4. DATE OF DEATH: (Month) May (Day) 20, (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: May 5, 1901
9. AGE (In years last birthday): 51 years; IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid
10b. KIND OF BUSINESS OR INDUSTRY: St. Mary's Hosp.
11. BIRTHPLACE (State or foreign country): Lansing, Kas.
12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME: Michael Feren
13b. MOTHER'S MAIDEN NAME: Catherine Feeney
14. NAME OF HUSBAND OR WIFE: Edward O'Brien
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 573-14-1649
17. INFORMANT'S SIGNATURE OR NAME: Joseph F. Tate ADDRESS: 3510 Troost Ave.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration of vomitus — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) vomiting under anesthesia for
DUE TO (c) surgery for intestinal obstruction

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Previous surgery 6 days before for advanced cervix cancer — 171X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: CERVIX CARCINOMA invading rectum
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1952 *to* May 20, 1952, *that I last saw the deceased alive on* 5-20, 1952, *and that death occurred at* 7.15 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: George O. Miles (Degree or title): M. D.
23b. ADDRESS: 411 Nichols Rd. K. C., Mo.
23c. DATE SIGNED: 5-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 23, 1952
24c. NAME OF CEMETERY OR CREMATORY: St. Mary's
24d. LOCATION (City, town, or county) (State): K.C. Mo.

DATE REC'D BY LOCAL REG.: 5-22-52
REGISTRAR'S SIGNATURE: Geraldine Holman
25. FUNERAL DIRECTOR'S SIGNATURE: Thos. E. Quirk ADDRESS: 4316 Troost Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.....

P.O. Address.....

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.