

FILED JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20397
2731

BIRTH 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 admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 67 years		d. STREET ADDRESS (If rural, give location) 418 West 33rd Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 418 West 33rd Street			

3. NAME OF DECEASED (Type or Print) a. (First) DANIEL	b. (Middle) E	c. (Last) CONNOLE	4. DATE OF DEATH (Month) (Day) (Year) June 13 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 7 1884	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 68
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage Superintendent	10b. KIND OF BUSINESS OR INDUSTRY Jackson County High	11. BIRTHPLACE (State or foreign country) Higbee, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME ANTHONY CONNOLE	13b. MOTHER'S MAIDEN NAME MARGARET GLENIE	14. NAME OF HUSBAND OR WIFE Josephine Connole
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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) No	16. SOCIAL SECURITY NO. 486-26-0828	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Josephine Connole 418 West 33rd
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of esophagus		INTERVAL BETWEEN ONSET AND DEATH 24 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 150x		

19a. DATE OF OPERATION 23 June 1950	19b. MAJOR FINDINGS OF OPERATION carcinoma of esophagus	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) ---
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) ---	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? ---
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22. I hereby certify that I attended the deceased from **13 Feb**, 19**52**, to **13 June**, 19**52**; that I last saw the deceased alive on **13 June**, 19**52**, and that death occurred at **11:10 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stanley L. Goldman MD	23b. ADDRESS Kansas City 2208 Bryant Bldg. Mo	DATE SIGNED 13 June 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 16 1952	24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 6-16-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Quirk & Godin Co 20 West Linwood
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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~~

working under my personal supervision.

Student Embalmer No.

Signed Farrest D. Colson

Signed.....
Student Embalmer

Licensed Embalmer No. 4714

P. O. Address K O 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.