

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1565**  
**309**

FILED FEB 14 1953

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>69 year</b>		d. STREET ADDRESS (If rural, give location) <b>937 West 33rd Street</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>937 West 33rd Street</b>		d. STREET ADDRESS (If rural, give location) <b>937 West 33rd Street</b>	

3. NAME OF DECEASED a. (First) <b>MRS. CATHERINE</b> b. (Middle) <b>O'BRIEN</b> c. (Last) <b>O'BRIEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 16 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>Apr 22 1883</b>		9. AGE (in years last birthday) <b>69</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	

13a. FATHER'S NAME <b>LOTT KANE</b>		13b. MOTHER'S MAIDEN NAME <b>BRIDGET POWERS</b>		14. NAME OF HUSBAND OR WIFE <b>JOHN O'BRIEN</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>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Mary E O'Brien</b>	
				ADDRESS <b>937 West 33rd</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decompensation</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 yr</b>
		ANTECEDENT CAUSES DUE TO (b) <b>Chronic Myocarditis</b>			<b>2 yr</b>
		DUE TO (c) <b>Chronic Bronchial Asthma</b>			<b>4 yr</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>141X</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **10/28, 1952, to 1/16, 1953**, that I last saw the deceased alive on **12/17, 1952**, and that death occurred at **11:00A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C. Stewart Gillmor M.D. MD</b>		23b. ADDRESS <b>1226 Rialto Bldg. KE MO</b>		23c. DATE SIGNED <b>19 Jan 53</b>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 19 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>1-19-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Quirk &amp; Robin Co</b>	
				ADDRESS <b>20 W Linwood</b>	

(Licensed Embalmer's Statement on Reverse Side)

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, by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Harriet D. Goldsaw \_\_\_\_\_

Licensed Embalmer No. 4714 \_\_\_\_\_

P. O. Address N. 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.