

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 24 1953

4327

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.			
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>					
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>76 yrs.</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTHEAST RESTORIUM</u>				e. STREET ADDRESS (If rural, give location) <u>701 1410 SUMMIT</u>					
3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u>		a. (First) <u>WILLIAM</u>		b. (Middle) <u>*****</u>		c. (Last) <u>CORRIGAN</u>			
4. DATE OF DEATH <u>SEPT. 2, 1953</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>			
8. DATE OF BIRTH <u>SEPT. 15, 1876</u>		9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>-</u>		11. DAYS <u>-</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COAL LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD YDS.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CENTRALIA, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>PATRICK CORRIGAN</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA FARREL</u>		14. NAME OF HUSBAND OR WIFE <u>MAY CORRIGAN</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>496-03-7250</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. NELLIE RYAN 1410 SUMMIT K.C. MO</u>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u>				DUE TO (b) <u>Chronic bronchitis and accelerated heart disease</u>				<u>10 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>None</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Alcoholism</u> <u>Thin Cancer - Left Nose</u>				<u>10 years</u> <u>H</u> <u>420</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>11/16</u> , 19 <u>49</u> , to <u>9/2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Aug. 30, 1952</u> and that death occurred at <u>5:15</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Florence E. ...</u> (Degree or title)				23b. ADDRESS <u>1103 Grand ...</u>		23c. DATE SIGNED <u>9/2/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>SEPT. 4-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, KANSAS</u>			
DATE REC'D BY LOCAL REG. <u>9-3-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Blackman</u>		ADDRESS <u>Don Inc.</u>			

(Licensed Embalmer's Statement on Reverse Side)

K.C., Mo.

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Bert B. Bennett*

Licensed Embalmer No. *4656*

P. O. Address *Kansas City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.