

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12185  
1548

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>Mo</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>11 mos</u>		c. CITY OR TOWN <u>Kansas City</u>		Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Street Indep, Topping</u>				e. STREET ADDRESS (If rural, give location) <u>412 W 11th St 3110</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DANIEL</u>		b. (Middle) <u>PATRICK</u>		c. (Last) <u>O'CONNOR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 5 54</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7/18/1919</u>	
9. AGE (In years last birthday) <u>35</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>musician</u>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and State of Foreign Country) <u>Pottsburg Pa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Wen</u>		13b. MOTHER'S MAIDEN NAME <u>Wen</u>		13c. NAME OF HUSBAND OR WIFE <u>Erene Roberts O'Connor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes ww 2</u>		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Erene O'Connor Chicago Ill</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock + Hemorrhage resulting from multiple fractures of</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bull's fracture left tibia</u> 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 <u>8 2 11 31</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) <u>Kansas City Jackson</u>		21d. STATE <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-5-54 12:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car struck bumper</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
22a. SIGNATURE Geo. C. Kealhofer (Degree or title) <u>Dr C Todd Boyd Deputy Coroner</u>				22b. ADDRESS <u>4050 Broadway Ave</u>		22c. DATE SIGNED <u>4-5-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/16/54</u>		24c. NAME OF CEMETERY OR CREMATORY —		24d. LOCATION (City, town, or county) (State) <u>Chicago Ill</u>	
DATE REC'D BY LOCAL REG. <u>4-6-54</u>		REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sheil Funeral Home R.C.Mo</u>			

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

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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 *Richard E. Carroll*.....

Licensed Embalmer No. *484*

P. O. Address *R. E. Me*.....

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.