

34273

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED NOV 1 - 1954

BIRTH NO.		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>198</u>																	
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>															
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairie Township</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Grain Valley</u>		7000																	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>				d. STREET ADDRESS <u>City</u>																			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>J.</u>			b. (Middle) <u>Patric</u>			c. (Last) <u>Costigan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 20, 1954</u>											
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 5, 1883</u>		9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR Months <u>10</u>		11. UNDER 24 HRS. Days <u>14</u>		12. UNDER 60 Mins. Hours <u>14</u>									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unemployed Ret R.R.S. Forman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>at</u>				11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>											
13a. FATHER'S NAME <u>Dennis Costigan</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Oconner</u>				14. NAME OF HUSBAND OR WIFE <u>Lula Costigan</u>															
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Lula Costigan</u>				ADDRESS <u>Grain Valley 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u>											
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Failure with pulmonary Edema</u>																			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arterio-sclerotic Heart Disease</u>																			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.																			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4200</u>								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)				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>July 30, 1954</u> , to <u>Oct. 20, 1954</u> , that I last saw the deceased alive on <u>Oct. 20, 1954</u> , and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.																							
23a. SIGNATURE <u>Paul Hoffman</u>						(Degree or title) <u>me</u>						23b. ADDRESS <u>Independence, Missouri R#4</u>						23c. DATE SIGNED <u>10/22/54</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>Oct 22 54</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Grain Valley</u>				24d. LOCATION (City, town, or county) (State) <u>Grain Valley Mo</u>											
DATE REC'D BY LOCAL REG. <u>10-23-54</u>				REGISTRAR'S SIGNATURE <u>N. B. Long</u>				4930				25. FUNERAL DIRECTOR'S SIGNATURE <u>Will Funeral Home</u>				ADDRESS <u>Oak Grove Mo</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 10

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 Robert

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.