No. 300
10.48

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

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12090

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1428

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3935 Bellefontaine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 3935 Bellefontaine 361 80

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): B.
c. (Last): O'CONNOR

4. DATE OF DEATH: (Month) 3 (Day) 29 (Year) 55

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12/3/1890
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Aurvaux, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: James O'Connor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Hugh O'Connor-3935 Bellefontaine-K.C.,Mo.

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Congestion — Interval between onset and death: 1 hour

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary occlusion — 4 hours
DUE TO (c) Hypertension & Generalized arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Carcinoma of Lt Colon — 4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4501H
20. AUTOPSY? YES [ ] NO [X]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-29, 1950, *to* 3-29, 1955, *that I last saw the deceased alive on* 3-16, 1955, *and that death occurred at* 8:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. M. Haight (Degree or title) — J. M. Haight M.D.
23b. ADDRESS: 3401 E 12th KC Mo
23c. DATE SIGNED: 3-30-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. & Burial
24b. DATE: 3/31/55
24c. NAME OF CEMETERY OR CREMATORY: St. Joseph's Cemetery
24d. LOCATION (City, town, or county) (State): Bonneterre, Missouri

DATE REC'D BY LOCAL REG.: 3-30-55
REGISTRAR'S SIGNATURE: Nova Marshall
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Mellody-McGilley-Eylar-Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. M. Haight
3401 E. 12
Be 4822
12:30- 5:

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Melvin Bartea

Licensed Embalmer No. 490

P. O. Address RCM

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.