

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40787

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5078

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 40 yrs		e. STREET ADDRESS (If rural, give location) 1603 Linwood Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) MARY L.	b. (Middle) AGNES	c. (Last) O'DONNELL	11 22 55
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER-MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12 - 9 - 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafeteria Mgr.		10b. KIND OF BUSINESS OR INDUSTRY DeLaSalle Mil. Academy	9. AGE (In years last birthday) 57 5/6
11. BIRTHPLACE (City and State or Foreign Country) Dardanella, Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Winfield Madden	13b. MOTHER'S MAIDEN NAME Emmaline Gibson	14. NAME OF HUSBAND OR WIFE John Vincent O'Donnell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 498-30-3596	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Vincent O'Donnell 1603 Linwood Blvd.

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 7 hrs. 2 years 331X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension		
	DUE TO (c)		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE Natural	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 10-15, 1954, to 11-21, 1955, that I last saw the deceased alive on 11-21, 1955, and that death occurred at 2:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE Richard L. Owens M.D. (Degree or title)		23b. ADDRESS Rialto Bldg. Kans. City Mo.		23c. DATE SIGNED 11-22-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-25-55	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
DATE REC'D BY LOCAL REG. 11-22-55	REGISTRAR'S SIGNATURE Reva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar 1800 E. Linwood		

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

Mr. Rich Old
Rich. E. Old
11-12-19

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..... *James E. Hockleman*

Licensed Embalmer No. *457*

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