

FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15830**

2100

BIRTH NO. _____ REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL, and give town) Kansas City North	c. LENGTH OF STAY (In this place) (If in hospital, give date of admission) few min.	c. CITY North Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 100 Blvd West of 1st St. Burlington R.R. Tracks K.C. Mo		STREET ADDRESS (If rural, give location) Rt 4. N.K.C. 16 Mo	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Zachry c. (Last) Connor	4. DATE OF DEATH (Month) (Day) (Year) 5-12-56					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED, <input checked="" type="checkbox"/> (Specify)	8. DATE OF BIRTH 1-24-1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Barber-Retired Beckenridge Mo	11. BIRTHPLACE (City and State; Foreign Country) Mo	12. CITIZEN OF WHAT COUNTRY? U. S.			

13a. FATHER'S NAME Joseph Connor	13b. MOTHER'S MAIDEN NAME Henry Zachry	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY 477-26-1127	17. INFORMANT'S SIGNATURE OR NAME (Self) ADDRESS Joseph Z. Connor 1217 E. 24 Ave N.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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undetermined		INTERVAL BETWEEN ONSET AND DEATH 4201
	2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thought to have had Coronary DUE TO (c) Occlusion, fuel across tracks, body cut into by train.		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. in its by train.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Coronary Thrombosis (2) (old) Scar of old aortic lesion	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) R.R. tracks W. of N.K.C.	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) - KC North - Burlington tracks
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 5 12 56 (?) AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Run over by train

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.

23a. SIGNATURE O. S. Pate (Degree or title) 3	23b. ADDRESS North Kansas City Mo.	23c. DATE SIGNED 5/11/56
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation	24b. DATE 5-14-56	24c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory, Kansas City, Mo
24d. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mr. C.R. Foster Funeral Home R.C. Mo.	
DATE REC'D BY LOCAL REG. 5-15-56	REGISTRAR'S SIGNATURE neva minshall	

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.....

John W. Kelsch

Licensed Embalmer No. 49.

P. O. Address No. Kansas

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.