

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41654

STATE FILE NUMBER

5234

FILED DEC 21 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5300 Rockhill Rd.			Length of stay in 1b 77 yrs		d. STREET ADDRESS 5300 Rockhill Rd.		(If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Vincent Middle John Last O'Flaherty Sr.				4. DATE OF DEATH Month 12 Day 3 Year 1956						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH August 28, 1873	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assignment Baliff	100. KIND OF BUSINESS OR INDUSTRY Court	11. BIRTHPLACE (City and state or country) Jackson, Mississippi	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME John O'Flaherty				14. MOTHER'S MAIDEN NAME Sarah Gillespie						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Vincent J. O'Flaherty, Jr. Address 912 W. 34th						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction								INTERVAL BETWEEN ONSET AND DEATH 2 wks		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 wks		DUE TO (c) Multiple Pulmonary Infarction		INTERVAL BETWEEN ONSET AND DEATH 8 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 4201								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.										
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from Nov. 19, 1956 , to Dec. 3, 1956 and last saw him alive on 12-3-56 . Death occurred at 2:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) L. F. Steffen M. D.				22b. ADDRESS 1103 Grand Ave K.C.				22c. DATE SIGNED 12-3-56		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-5-56		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri				
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar ADDRESS 1800 E. Linwood				25. DATE RECD. BY LOCAL REG. 12-3-56		26. REGISTRAR'S SIGNATURE neva mindell				

path, Welfare Public Service
800 -56
doctor, coroner, etc. must use only standard momentary notation to the symptoms which be listed. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
L. F. Steffen

Dr. L. J. Steff
1220 (Handwritten)

after 12 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Melvin Basteau*

Licensed Embalmer No. 79

P. O. Address H C

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