

FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

44690
5707

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 Doctor's Hospital				Length of stay in (b) 61 Years		d. STREET ADDRESS (If outside, give location) 3632 Park		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Herbert Middle Cyril Last DONOVAN			4. DATE OF DEATH Month 12 Day 31 Year 56					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 21, 1895	9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business Agent			10b. KIND OF BUSINESS OR INDUSTRY Stage Hands		11. BIRTHPLACE (City and state or country) Kansas City Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Daniel Donovan				14. MOTHER'S MAIDEN NAME Sarah O'Laughlan				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. # 1			16. SOCIAL SECURITY NO. 186-03-5104		17. INFORMANT Address Virginia Donovan 3632 Park Kan City Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-pneumonia							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Acute congestive myocardial failure				4500	
			DUE TO (c) arteriosclerosis					
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Bronchial Asthma							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) i					
20c. TIME OF INJURY Hour p. m. Month, Day, Year								
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 3-13-52 , to 12-31-56 and last saw ^{her} him alive on 12-31-56 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE W. C. Worley (Deputy or title)				22b. ADDRESS 336 West 36th St Kansas City 11, Mo		22c. DATE SIGNED 12-31-56		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-2-57	23c. NAME OF CEMETERY OR CREMATORY St Mary's Cem.		23d. LOCATION (City, town, or county) (State) Kansas City Missouri			
24. FUNERAL DIRECTOR Melody-McGilley-Eylar, 1800 E Linwood				25. DATE RECD. BY LOCAL REG. 1-1-57		26. REGISTRAR'S SIGNATURE Neva Minshall		

(Licensed Embolmer's Statement on Reverse Side)

Health,
Welfare
Public
Service300
7-56

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

0141

R. W. C. WORLEY,
HYDE PARK HOTEL
364 + BROADWAY
UA 1-4292
12:30-5 P.M.

noon

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 W. Wair*

Licensed Embalmer No. 46

P. O. Address *K.C., Mo.*

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.