

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44514
STATE FILE NUMBER
5746

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5746

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3924 Manheim		Length of stay in lb <i>Life</i>	d. STREET ADDRESS (If outside, give location) 3924 MANHEIM RD.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Robert Middle T. Last MULVIHILL			4. DATE OF DEATH Month DEC. Day 3 Year 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Aug. 12, 1908		9. AGE (In years last birthday) 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deck man		10b. KIND OF BUSINESS OR INDUSTRY S.W. Bell Tel. Co.		11. BIRTHPLACE (City and state or country) Kansas City Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME Thomas E. Mulvihill		
13b. MOTHER'S MAIDEN NAME Cornelia Kelly			14. NAME OF HUSBAND OR WIFE Rose Mulvihill		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-203-0510		17. INFORMANT Address Robert T. Mulvihill 3924 Manheim	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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 9.21.55 to 12-3-1957 and last saw him alive on 10.18.57 Death occurred at early a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE T. Reid Jones (Degree or title) M.D.		22b. ADDRESS 411 Nichols Rd.		22c. DATE SIGNED 12.3.57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 6, 1957		23c. NAME OF CEMETERY OR CREMATORY Calvary	
23d. LOCATION (City, town, or county) Kansas City, Mo.		23e. (State) Mo.			
24. FUNERAL DIRECTOR Thomas E. Quirk Funeral Home ADDRESS			25. DATE RECD. BY LOCAL REG. 12-4-57		26. REGISTRAR'S SIGNATURE Neve Minshall

All diseases in Part I must be causally related to the standard nomenclature in item 18. No symptoms will be listed. In Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

T. Reid Jones

KP
2

MAR 4 1958

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 *Thomas E. Lewis*

Licensed Embalmer No. 3795

P. O. Address

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.