

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005432

STATE FILE NUMBER

873

FILED MAR 10 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 873

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 St. Mary's Hospital			Length of stay in 1b 40 years		d. STREET ADDRESS (If outside, give location) 4618 Warwick		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First ANNA Middle M Last CONNOR				4. DATE OF DEATH Month February Day 16 Year 1958									
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH August 6, 1877		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>		IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Johnson County, Kansas			12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Joseph Flournoy				14. MOTHER'S MAIDEN NAME Unknown									
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 NO. None		17. INFORMANT Lawrence Connor Omaha, Neb.			Address nebr.					
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 embolism DUE TO (b) (Coronary Thrombosis)? DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 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 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 <u>10-1-58</u> to <u>2-16-58</u> and last saw her alive on <u>2-15-58</u> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Deputy or title) T. S. Bourke M.D.						22b. ADDRESS 1707 Rialto			22c. DATE SIGNED 2/17/58				
23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		23b. DATE Feb. 18, 1958		23c. NAME OF CEMETERY OR CREMATORY Forest Hill Abbey			23d. LOCATION (City, town, or county) (State) Kansas City, Missouri						
24. FUNERAL DIRECTOR ADDRESS Stine & McClure Und. Co. K.C., Missouri				25. DATE RECD. BY LOCAL REG. 2-18-58		26. REGISTRAR'S SIGNATURE neva mindell							

health, Welfare Public Service
 3000 1-56
 Decedent, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

T. S. Bourke

1207 R, 1170 B, 1175
V. 2-3845,
1:00 - 4:30



STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed.....
Eugene J. [Signature]

Licensed Embalmer No. 46
P. O. Address *Kansas City, 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.