

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009591
STATE FILE NUMBER

1534
Registrar's No.

FILED APR 8 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1534

300
57

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. Lukes Hosp.		Length of stay in lb 46 years	d. STREET ADDRESS (If outside, give location) 6111 WALNUT Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle J. Last O'CONNOR			4. DATE OF DEATH Month MARCH Day 24 Year 1959
5. SEX Male	6. COLOR OR RACE Cauc.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 6, 1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SAVINGS + LOAN COMPANY		10b. KIND OF BUSINESS OR INDUSTRY SAVINGS	11. BIRTHPLACE (City and state or country) KANSAS City, Missouri
13a. FATHER'S NAME John J. O'CONNOR		13b. MOTHER'S MAIDEN NAME Catherine QUENNAN	14. NAME OF HUSBAND OR WIFE LORETTA O'CONNOR
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. 492-14-2433	17. INFORMANT MRS LORETTA O'CONNOR Address 6111 WALNUT
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriodentate Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Pulmonary Embolism DUE TO (c) 0			INTERVAL BETWEEN ONSET AND DEATH 3 yrs 1 wk
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 checked="" type="checkbox"/> NO <input 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 _____ 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 Death occurred at 5:19 a.m. 4-24-59 to Mar. 24 '59 and last saw ^{her} him alive on Mar. 23 '59 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A.W. Robinson M.D.		22b. ADDRESS 4635 70 yonahatto	22c. DATE SIGNED 3-24-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE MARCH 25 1959	23c. NAME OF CEMETERY OR CREMATORY MT. OLIVET Cemetery	23d. LOCATION (City, town, or county) (State) KANSAS City Missouri
24. FUNERAL DIRECTOR Muehlebach ADDRESS 6800 Tenast		25. DATE RECD. BY LOCAL REG. 3-24-59	26. REGISTRAR'S SIGNATURE newe minshall

A. W. ROBINSON USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



Handwritten notes at the top right of the page.

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 *RS Michael*

Licensed Embalmer No. *4927*
P. O. Address *K. C. Ho*

**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.**