

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5908-61-044950
STATE FILE NUMBER

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

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

FILED DEC 18 1961

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 Length of stay in lb 10 yrs.

c. CITY OR TOWN KANSAS CITY Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPHS HOSPITAL Inside Limits Yes No

d. STREET ADDRESS 803 CLEVELAND (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First JOHN Middle F. Last O'CONNOR

4. DATE OF DEATH Month NOVEMBER Day 24 Year 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 10-13-1891 9. AGE (last birthday) 70 years

IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____

IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEEL WORKER FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY SHEFFIELD STEEL

11. BIRTHPLACE (City and state or country) PLATTSBURG MISSOURI

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME EDWARD O'CONNOR 13b. MOTHER'S MAIDEN NAME KATHERINE SHER 14. NAME OF HUSBAND OR WIFE JOHANNA O'CONNOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO

17. INFORMANT Address JOHANNA O'CONNOR, 803 CLEVELAND

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Heartening hemorrhagic disease of Adrenals
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Etology indicated need for further investigation
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 2-15-61 to 11-24-61 and last saw ^{her}him alive on 11-24-61
Death occurred at 11:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. M. Haight M.D. 22b. ADDRESS 3401 E 12th KC Mo 22c. DATE SIGNED 11-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE Nov. 27, 1961 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 23d. LOCATION (City, town, or county) (State) Kansas City, Mo

24. FUNERAL DIRECTOR ADDRESS MUEHLEBACH, 6800 TROOST 25. DATE RECD. BY LOCAL REG. 11-25-61 26. REGISTRAR'S SIGNATURE Ruth Long

BR 1-10
11:30 to 4 PM.

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 Bob L. Grant

Licensed Embalmer No. 5106

P. O. Address Stam...

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.