

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8557

State File No. _____
Registrar's No. 1026

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

| | | | |
|--|--|---|---|
| 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, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| c. LENGTH OF STAY (in this place) 75 yrs | | d. STREET ADDRESS (If rural, give location) 5309 Budd Park Esplanade | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5309 Budd Park Esplanade | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) NELLIE b. (Middle) SPANGLER c. (Last) O'DONNELL | | | 4. DATE OF DEATH (Month) (Day) (Year) March 5, 1949 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH April 13, 1862 |
| 9. AGE (In years last birthday) 86 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 11. BIRTHPLACE (State or foreign country) Missouri |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | |
| 13a. FATHER'S NAME George Elsey | | 13b. MOTHER'S MAIDEN NAME Elizabeth Kanton | 14. NAME OF HUSBAND OR WIFE Daniel O'Donnell |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. ? | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Kate Stahl ADDRESS K.C. Mo. | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CHRONIC Valvular Heart Disease INTERVAL BETWEEN ONSET AND DEATH 6 mo ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4214 | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>Aug 1, 1948</u> , to <u>3/5, 1949</u> , that I last saw the deceased alive on <u>3/5, 1949</u> , and that death occurred at <u>4:15 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE R. A. Williams (Degree or title) | | 23b. ADDRESS 5400 S + John Ave K.C. Mo | 23c. DATE SIGNED 3/5 '49 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 3-5-1949 | 24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery | 24d. LOCATION (City, town, or county) (State) Kansas City Kansas |
| DATE REC'D BY LOCAL REG. 3-5-49 | REGISTRAR'S SIGNATURE Sheldene Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE Geo. H. Long ADDRESS K.C. Kansas | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*R. Williams
5400 St John
Mo.*

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.

Signed _____

J. L. Butler
Licensed Embalmer No. *4669*

Signed _____
Student Embalmer

P. O. Address *2037 15th St. K.C.*

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 this body is not embalmed, fact should be so stated above.