

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15808
State File No. 1903

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) lifetime		d. STREET ADDRESS (If rural, give location) 3512 Summit Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3512 Summit Street			

3. NAME OF DECEASED (Type or Print) Dennis	a. (First)	b. (Middle) E.	c. (Last) COSTELLO	4. DATE OF DEATH (Month) (Day) (Year) May 1, 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH 2-5-82	9. AGE (In years last birthday) (If under 1 year: Months) (If under 2 hrs: Days) (If under 2 hrs: Hours) (If under 2 hrs: Min.) 67
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Director	10b. KIND OF BUSINESS OR INDUSTRY Jackson Co. Court House	11. BIRTHPLACE (State or foreign country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Edward Costello	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE _____
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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'S SIGNATURE OR NAME Mrs. Clarence Moore	ADDRESS 6522 Oak St., K.C., Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular (Mitral & Aortic) Heart Disease. Possibly Lentic - Plus Rheumatic -		Don't know. Probably 20+ years duration.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auricular Fibrillation - Many years duration. DUE TO (c) Chronic Myocarditis - Widened Aorta		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Probably Sudden Death came from Ventricular Flutter.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. NO	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? NONE
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22. I hereby certify that I attended the deceased from 10-13, 1948, to 5-1, 1949, that I last saw the deceased alive on 4-27, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. A. Myers MD.	(Degree or title)	23b. ADDRESS 1115 Grand Ave. K.C. Mo.	23c. DATE SIGNED 5-2-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-4-49	24c. NAME OF CEMETERY OR CREMATORY Mount St. Mary's	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 5-2-49	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Mellody-McGilley-Eylar	ADDRESS Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. H. A. Meyers
Rhubert Street
1115
Vi. 3975

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
Student Embalmer

Signed Max V. Kirkendall

Licensed Embalmer No. 4632

P. O. Address A.C. Mo.

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.