

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16068

1949

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 Mo		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City Missouri	
c. LENGTH OF STAY (in this place) 7 Yrs		d. STREET ADDRESS (If rural, give location) 4952 Forest Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4952 Forest Ave /		e. STREET ADDRESS 4952 Forest Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Mr's Mary Agasta O'MALLEY	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 5-3-49
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5. SEX Fe	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-5-1876	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buyer & Manager	10b. KIND OF BUSINESS OR INDUSTRY Milliner Stores Iowa	11. BIRTHPLACE (State or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles A. Lawson	13b. MOTHER'S MAIDEN NAME Dorinda Johnson	14. NAME OF HUSBAND OR WIFE Edward O'Malley
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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. 511-03-6689	17. INFORMANT'S SIGNATURE OR NAME Mrs Harry Smith	ADDRESS 4952 Forest Ave
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (a) Cerebral Thrombosis		
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) Cardiac Failure	
DUE TO (c) General Arterio Sclerosis		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> essential Hypertension	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION (c) Cholecystitis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-7, 1949, to 5-3, 1949, that I last saw the deceased alive on 5-3, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Edward C. Goussier	23b. ADDRESS 4304 Forest Way	23c. DATE SIGNED May 4/49
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24a. BURIAL CREMATION/REMOVAL (Specify) Burial	24b. DATE 5-5-49	24c. NAME OF CEMETERY OR CREMATORY High Ridge	24d. LOCATION (City, town, or county) (State) Stanberry Missouri
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DATE REC'D BY LOCAL REG. 5-4-49	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Francis - Wornall Funeral Home
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

40300

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 *Russell N. Franc*.....

Licensed Embalmer No. *4255*.....

P. O. Address *K. 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.