

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26999**
Registrar's No. **3582**

FILED SEP 2 1949

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3582</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 49 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		6/2/49	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4325 Forest				d. STREET ADDRESS 4325 Forest			
3. NAME OF DECEASED a. (First) Thomas P O'Sullivan			b. (Middle)	c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 8-16-49	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 1, 1875		9. AGE (In years last birthday) 70 7/4	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fireman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY? ---	
13a. FATHER'S NAME Patrick O'Sullivan		13b. MOTHER'S MAIDEN NAME Mary Mullane		14. NAME OF HUSBAND OR WIFE Mrs. Mary A O'Sullivan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 493-22-5355		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Mary O'Sullivan 4326 Forest			
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>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH 6-7 hrs	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Kansas City Jackson Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Aug 16, 1949 , to Aug 16, 1949 , that I last saw the deceased alive on Aug 16, 1949 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE William M. North (Degree or title)				23b. ADDRESS Professional Bldg		23c. DATE SIGNED 8-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-19-49	24c. NAME OF CEMETERY OR CREMATORY St. Mary's		24d. LOCATION (City, town, or county) (State) K. C. Mo		
DATE REC'D BY LOCAL REG. 8-19-49		REGISTRAR'S SIGNATURE Sheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Thos. E. Quirk 4316 Troost			

ONLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Thomas E. J. J. J.

Signed _____
Student Embalmer

Licensed Embalmer No. *3775*

P. O. Address *A. C. No*

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.