

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8679

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1240

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | |
| c. LENGTH OF STAY (in this place) <u>42 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>5331 Highland</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>General Hospital</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>THOMAS</u> | | b. (Middle) _____ c. (Last) <u>GARVEY</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 14 1950</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u> | 8. DATE OF BIRTH <u>Aug 17 1871</u> |
| 9. AGE (In years last birthday) <u>78</u> | 10. MONTHS <u>6</u> DAYS <u>27</u> | 11. BIRTHPLACE (State or foreign country) <u>Ireland</u> | 12. CITIZEN OF WHAT COUNTRY? <u>Yes</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>K. Park Dept</u> | | |
| 13a. FATHER'S NAME <u>Patrick Garvey</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Curran</u> | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>?</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Daniel Garvey</u> ADDRESS <u>1114 West 40th St</u> | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>fractured ribs bilaterally</u> II. OTHER SIGNIFICANT CONDITIONS <u>fracture f-femur</u> INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 18. ANTECEDENT CAUSES A. DUE TO (a) _____ B. DUE TO (b) _____ C. DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>123 E90²⁰ 21</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson mo</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-14-50 7:00 P. m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Fell down stairs</u> | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) _____ | | 23b. ADDRESS _____ | 23c. DATE SIGNED <u>3-16-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/17/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>3-16-50</u> | REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Dwight E. Robin</u> ADDRESS <u>20 West Linwood</u> | |

WRITE PLAINLY—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 _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Forrest D. Callanow

Licensed Embalmer No. 4714

P. O. Address R.C. 7th

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.