

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15903

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 6215

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Texas</u> b. COUNTY <u>Tarrant</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fort Worth</u>   |  |
| c. LENGTH OF STAY (in this place) <u>20 Days</u>   |  | d. STREET ADDRESS (If rural, give location) <u>Unk</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>                             |  |  |  |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Patrick</u> b. (Middle) _____ c. (Last) <u>Costello</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>May 23 1950</u> |  |  |
|--|--|--|---|--|--|

|   |                               |   |                                       |   |   |  |
|---|-------------------------------|---|---------------------------------------|---|---|--|
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Aug. 14, 1897</u> | 9. AGE (In years last birthday) <u>62</u>                         | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Yards</u>                  |                                       | 11. BIRTHPLACE (State or foreign country) <u>Urica California</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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|--|---|---|
| 13a. FATHER'S NAME <u>William Costello</u> | 13b. MOTHER'S MAIDEN NAME <u>Katie McDonald</u> | 14. NAME OF HUSBAND OR WIFE <u>Kate</u> |
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|---|------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>Unk</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Kate Costello Fort Worth, Tex.</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <u>Pulmonary Embolism</u>  |  | <u>30 minutes</u>                |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Thrombophlebitis left leg</u><br>DUE TO (c) <u>Carcinoma of Pancreas &amp;</u> |  | <u>1 week</u>                    |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Lymph nodes and liver metastases</u>   |   |  | <u>6 months</u>                  |

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| 19a. DATE OF OPERATION <u>May 5, 1950</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of pancreas &amp; liver metastases</u> | 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2:20 PM</u> | 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 May 2, 1950, to May 23, 1950, that I last saw the deceased alive on May 23, 1950, and that death occurred at 7:20P m., from the causes and on the date stated above.

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|---|---|--------------------------------------|
| 22a. SIGNATURE (Degree or title) <u>John R. McDaniel MD</u> | 22b. ADDRESS <u>902 Edmund St. St. Joseph</u> | 22c. DATE SIGNED <u>May 24, 1950</u> |
|---|---|--------------------------------------|

|   |                               |  |  |
|---|-------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>May 27, 1950</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>May 29, 1950</u> | REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u> | 382 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman W. DeLafader 1802 Union St</u> |
|--|--|-----|---|

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

110

**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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph

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.