

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27049

State File No.

FILED SEP 2 1950

3532

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3532</u>		
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. LENGTH OF STAY (In this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>700 WARD PARKWAY</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>700 WARD PARKWAY</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>TED</u>			b. (Middle) <u>J.</u>		c. (Last) <u>O'SULLIVAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 16-1950</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>FEB. 22-1903</u>	9. AGE (In years last birthday) <u>47</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSURANCE</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MO</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSURANCE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TED O'SULLIVAN INS.</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>TIMOTHY O'SULLIVAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ANN DALTON</u>		14. NAME OF HUSBAND OR WIFE <u>FLORENCE O'SULLIVAN</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWII</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FLORENCE O'SULLIVAN, 700 WARD PARKWAY, K.C. MO</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u> ANTECEDENT CAUSES MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebrovascular</u> DUE TO (c) <u>Co. of Stomach</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>6 mo</u> <u>1 year</u> <u>15 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>June 1, 1950</u> , to <u>Aug 16, 1950</u> , that I last saw the deceased alive on <u>Aug 15, 1950</u> and that death occurred at <u>6:45 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>John T. Skinner</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Kansas City MO</u>		23c. DATE SIGNED <u>8/16/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG. 18, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO</u>		
DATE REC'D BY LOCAL REG. <u>8-17-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer</u> ADDRESS <u>K.C. MO</u>				

(Licensed Embelmer's Statement on Reverse Side)

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

1402 B. 1/11/11

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.....
Student Embalmer

Signed *Bernard L. Horan*.....

Licensed Embalmer No. *4250*.....

P. O. Address *R.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.