

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27105**

FILED AUG 25 1951

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3424**

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) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 40 yrs.		d. STREET ADDRESS (If rural, give location) 2005 Benton Boulevard	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2005 Benton Boulevard			

3238
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3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) A. c. (Last) O'LEARY			4. DATE OF DEATH (Month) (Day) (Year) August 8, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-24-73	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Recorder's Office		10b. KIND OF BUSINESS OR INDUSTRY Court House	11. BIRTHPLACE (State or foreign country) Mankato, Minnesota		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Edward O'Leary		13b. MOTHER'S MAIDEN NAME Alice		14. NAME OF HUSBAND OR WIFE Theresa O'Leary	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nellie B. Swellum, 2005 Benton, KC, Mo.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH	
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. Arteriosclerosis				440X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		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) 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 **1-10, 1957** to **8-8, 1957**, that I last saw the deceased alive on **8-8, 1951**, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. H. Owens (Degree or title)			23b. ADDRESS 1024 West 11th St			23c. DATE SIGNED 8-9-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-11-51		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. 8-9-57			REGISTRAR'S SIGNATURE Sheraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mellody-McGilley-Eylar, Kansas City, Mo.		

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

Dr. H. H. Galloway

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 Glen E. Heck

Signed.....
Student Embalmer

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.