

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27106

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3447

1. PLACE OF DEATH a. COUNTY Jackson 0		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 town) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence 0485	
c. LENGTH OF STAY (In this place) 12 Hrs		d. STREET ADDRESS 2223 Home Ave. 1 X	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital.			

3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) DeSALES		c. (Last) O' LOUGHLIN		4. DATE OF DEATH (Month) (Day) (Year) Aug. 8, 1951	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7-24-1893	
9. AGE (In years last birthday) 58-88		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 60 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse Man		10b. KIND OF BUSINESS OR INDUSTRY Trucking.		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME James J. O'Loughlin		13b. MOTHER'S MAIDEN NAME Samaria Keepers.		14. NAME OF HUSBAND OR WIFE Freetta O'Loughlin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No.		16. SOCIAL SECURITY No. (If yes, give war or dates of service) 495009-1124		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Freetta O'Loughlin-2223 Home.	

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* (a) ACUTE EXSANGUINATING HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 10 HOURS	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) PERFORATION OF AORTA INTO ESOPHAGO-GASTROSTOMY POUCH		10 HOURS	
DUE TO (c) EROSION OF SUTURE THROUGH WALL AORTA		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ACUTE PULMONARY EDEMA		20 DAYS	
19a. DATE OF OPERATION 7/19/51		19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF ESOPHAGUS		20. AUTOPSY? YES <input checked="" 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)		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 Pathologist, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE W. R. McPhee (Degree or title)		23b. ADDRESS Research Hosp. 23rd (Independence, Mo.)		23c. DATE SIGNED 8/9/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 11, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.	
24d. LOCATION (City, town, or county) Kansas City, Missouri		24e. (State)			

DATE REC'D BY LOCAL REG. 8-11-51		REGISTRAR'S SIGNATURE Geraldine Holmes		FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. L. Kopye Indep. Mo.	
----------------------------------	--	--	--	---	--

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

2187 1025

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.

Signed:.....  
Student Embalmer

Student Embalmer No. ....

Signed *Wilson L. Kelley*

Licensed Embalmer No. *4225*

P. O. Address *Indep. 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.