

FILED NOV 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37277**
4677

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

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> 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>Life</u>		d. STREET ADDRESS (If rural, give location) <u>1427 Central Street 258</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1427 Central St. K.C. Mo</u>			
3. NAME OF DECEASED (First) <u>James</u>		b. (Middle) <u>J.</u>	
(Type or Print)		c. (Last) <u>Feehan</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 31 -1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>	8. DATE OF BIRTH <u>10-8-1906</u>
9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Special Agent Wash # 2</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>C.O. Jones Realty Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Kansas City Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dennis J. Feehan</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Burke</u>	
14. NAME OF HUSBAND OR WIFE <u>Verma Feehan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>No. 2</u>		16. SOCIAL SECURITY NO. <u>?</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Verma Feehan</u>		ADDRESS <u>1427 Central St K.C. Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10-15 Minutes</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4201</u>
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)	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>10:30 PM, 1951</u> , to <u>Only once</u> , that I last saw the deceased alive on <u>Oct 31, 1951</u> , and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert Nigro</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>306 E. 12th St K.C. Mo.</u>	
23c. DATE SIGNED <u>11-2-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov. 3 - 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>
DATE REC'D BY LOCAL REG. <u>11-2-51</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Butler's Sons, Kansas City Kansas</u> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Paul Bell

Signed.....
Student Embalmer

Licensed Embalmer No. *3426 Mo*

P. O. Address *Kansas City Kansas*

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.