

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34924**

**FILED NOV 8 1952**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4505</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) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>54</u> yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3230 E. 9th. St.</u> <b>3100</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Thomas</u>		c. (Last) <u>Casey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 14, 1952</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>March 13, 1898</u>	
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 6 MOS. Hours <u>  </u> Mins. <u>  </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brewery Worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Getz Brewing Co.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>							
13a. FATHER'S NAME <u>Thomas Casey</u>			13b. MOTHER'S MAIDEN NAME <u>Celestia Sweeney</u>			14. NAME OF HUSBAND OR WIFE <u>Alice D. Casey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>468-05-2029</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alice D. Casey 3230 E. 9th.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH
		II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>malignant hypertension</u>					
		DUE TO (c) <u>chronic nephritis</u>					
		III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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>July</u> , 19 <u>51</u> , to <u>Oct. 14</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct. 10</u> , 19 <u>52</u> , and that death occurred at <u>1:05 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. D. Gier</u> (Degree or title)			23b. ADDRESS <u>314 Shukert Bldg.</u>			23c. DATE SIGNED <u>10-15-52</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>removal</u>		24b. DATE <u>10-16-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kans.</u>	
DATE REC'D BY LOCAL REG. <u>10-16-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thos. E. Quirk 4316 Troost</u>		

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

APR 7 1953

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.

WRITE PLAINLY—USING UNFADING INK

etc. It means the disease, injury, or complication which caused death.		the underlying cause last.		DUE TO (c) <i>Chronic Tuberculosis</i>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July</i> , 1951, to <i>Oct 14</i> , 1952, that I last saw the deceased alive on <i>Oct 16</i> , 1952, and that death occurred at <i>1.05 P.M.</i> from the causes and on the date stated above.					
23a. SIGNATURE <i>W. F. ...</i>		(Degree or title)		23b. ADDRESS <i>314 ... Bldg</i>	
23c. DATE SIGNED <i>OCT 15-52</i>		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	
<i>Removal (Auto)</i>		<i>Oct. 16, 1952</i>		<i>Memorial Park</i>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
<i>Kansas City, Kas.</i>					
DATE REC'D BY LOCAL REG. <i>10-16-52</i>		REGISTRAR'S SIGNATURE <i>Heraldine Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS <i>Thos. E. Quirk 4316 Troost</i>	

(Licensed Embalmer's Statement on Reverse Side)

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.

1952  
S-34924

Student Embalmer No. ....

Signed \_\_\_\_\_

*Thomas J. ...*

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

3775  
*... Me*

P. O. Address \_\_\_\_\_

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.