

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44588

State File No. 3502

FILED JAN 17 1953

BIRTH NO. 89915 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b> <u>0485</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>826 W. Waldo</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Vincent</b> b. (Middle) <b>Cornelius</b> c. (Last) <b>O'Leary</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 - 13 - 52</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>12 - 12 - 52</b>		9. AGE (In years last birthday) <b>15</b> IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> IF UNDER 14 HRS. Hours <b>15</b> Min. <b>49</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
13a. FATHER'S NAME <b>Richard Arthur O'Leary</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Frances Hughes</b>		14. NAME OF HUSBAND OR WIFE <b>infant</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Vincent O'Leary</b> ADDRESS <b>826 W. Waldo, Ind., Mo.</b>	
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>(n-m-o)</b>
	b. ANTECEDENT CAUSES <b>bilateral marked pulmonary edema</b>		
	c. DUE TO (b) <b>Probable prenatal lung pathology (autopsy being performed)</b>		
II. OTHER SIGNIFICANT CONDITIONS <b>with beginning pneumonia.</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7719</b>	

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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 12-12, 1952, to 12-13, 1952, that I last saw the deceased alive on 12-13, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Don Carlos Guffey</b> (Degree of title)		23b. ADDRESS <b>Don Carlos Guffey, 2127 Pine, Cape Girardeau, Mo.</b>		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/15/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cem.</b>	
				24d. LOCATION (City, town, or county) <b>Kansas City, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>12-15-52</b>		REGISTRAR'S SIGNATURE <b>Sheldine Smith</b>		25. GENERAL DIRECTOR'S SIGNATURE <b>Geo. C. Carson</b> ADDRESS <b>Indep., Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
V. 10.48

2424110

**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 Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, 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.