

FILED FEB 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5886**
519

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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. LENGTH OF STAY (in this place) OR TOWN 42 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2823 E. 11 St.				d. STREET ADDRESS (If rural, give location) 2823 E. 11 St.			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) T. c. (Last) Fagan			4. DATE OF DEATH (Month) (Day) (Year) 1 27 53				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-23-1883	9. AGE (In years last birthday) 69	10. MONTHS 6	11. DAYS 27	12. HOURS 318
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanical Supervisor		10b. KIND OF BUSINESS OR INDUSTRY K.C. Terminal RR		11. BIRTHPLACE (City and State or Foreign Country) England		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John F. Fagan		13b. MOTHER'S MAIDEN NAME Catherine Coleman		14. NAME OF HUSBAND OR WIFE Ida Fagan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 703-03-8717		17. INFORMANT'S SIGNATURE OR NAME Ida Fagan ADDRESS 2823 E. 11 St. KCMO.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Vasis ANTECEDENT CAUSES Carcinoma Caecum 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.				INTERVAL BETWEEN ONSET AND DEATH 3 mos 8 mos 15 1/2	
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)		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 March 16, 1953 , to Jan 27, 1953 , that I last saw the deceased alive on 1-26 , 1953, and that death occurred at 9:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE P. A. Kienberger MD				23b. ADDRESS 5242 S. John		23c. DATE SIGNED 1-27-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-29-53		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Kansas City MO.	
DATE REC'D BY LOCAL REG. 1-27-53		REGISTRAR'S SIGNATURE Rosaline Smith		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS KCMO.	

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

Dr. Kiemberger
5542 St. John
Be. 0141

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 _____

J. A. Ryan

Licensed Embalmer No. *2499*

P. O. Address *K 2 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.