

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14109
State File No. 1803

FILED APR 25 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1803</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>57 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		<u>3708</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If in hospital or institution, give street address or location) <u>West 18th Street</u>				d. STREET ADDRESS (If rural, give location) <u>4141 Wyoming</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOSEPH</u>		b. (Middle) <u>P.</u>		c. (Last) <u>COONEY</u>	
4. DATE OF DEATH (Month) (Day) (Year)		<u>Apr 1 1953</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>Sept. 25 - 1890</u>		9. AGE (In years last birthday) Months Days Hours Mins. <u>62</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>K. C. FIRE DEPARTMENT</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY - MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>JOHN COONEY</u>		13b. MOTHER'S MAIDEN NAME <u>ROSE O'REILLY</u>		14. NAME OF HUSBAND OR WIFE <u>MARGARET M COONEY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Margaret Cooney 4141 Wyoming</u>			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Skull</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>29 1/2</u> <u>16</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>123</u> <u>History of Impaction</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, work office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-1-53</u>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Building Collapsed</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Geraldine Smith</u>				23b. ADDRESS <u>1036 Kuyler Bldg.</u>		23c. DATE SIGNED <u>4-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 4 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-3-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Quirk & Tobin</u>		ADDRESS <u>20 W Linwood</u>	

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

APR 27 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, ~~and~~ by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed *Forrest D. Collesnow*

Licensed Embalmer No. *4714*

P. O. Address *K. C. 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.