

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14185

State File No.

No. 300
10.48

FILED MAY 8 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2101

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

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and give town) Kansas City c. LENGTH OF STAY (in township) 67 years d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Little Sisters Home 5331 Highland | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson c. CITY (If outside corporate limits, write RURAL and give township) Kansas City d. STREET ADDRESS (If rural, give location) 5328 Highland | |
| 3. NAME OF DECEASED a. (First) Mrs Mary b. (Middle) Agnes c. (Last) Galvin | | 4. DATE OF DEATH (Month) (Day) (Year) April 18, 1953 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH July 15, 1870 |
| 9. AGE (In years last birthday) 82 years | | 11. BIRTHPLACE (State or foreign country) Quincy, Illinois | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME John Killiger | |
| 13b. MOTHER'S MAIDEN NAME Katherine Foley | | 14. NAME OF HUSBAND OR WIFE Eugene D. Galvin | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Galvin | | ADDRESS 5328 Highland | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Generalized DUE TO (c) _____ 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"/> | | INTERVAL BETWEEN ONSET AND DEATH 3 DAYS 4 yrs 4500 | |
| 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 Jan 15, 1951, to 18 Apr, 1953, that I last saw the deceased alive on 13 Apr, 1953, and that death occurred at 10:20 p.m. from the causes and on the date stated above. | | | |
| 23a. SIGNATURE James W. Downey (Degree or title) M.D. | | 23b. ADDRESS 4491 Bldg KC Mo | |
| 23c. DATE SIGNED 4/21/53 | | 24. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE April 22, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | |
| 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Thomas E. Quirk | |
| 25. ADDRESS 4316 Troost Ave. | | DATE REC'D BY LOCAL REG 4-21-53 | |

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.