

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

18183

State File No.

2334

FILED MAY 21 1953
BIRTH NO. 22162

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1002 Registrar's No.

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>1 day 14 hrs</u>	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>M. Mary's Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>4646 Penn</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Kevin</u> c. (Last) <u>Mullane</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-2-1953</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>new born</u>	8. DATE OF BIRTH <u>4-30-1953</u>	9. AGE (In years last birthday) <u>-</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>1</u>
				IF UNDER 1 YEAR Hours <u>14</u> Min. <u>36</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William Michael Mullane</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Jane Kevin</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Michael Mullane</u> ADDRESS <u>4646 Penn K.C. Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis with hyaline membrane of lungs</u>				<u>1 day</u>
	ANTECEDENT CAUSES				<u>14 hrs</u>
	DUE TO (b) <u>Prematurity; Premature</u>				<u>36 min</u>
	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 <u>Separation of placenta 7015</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 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>4-30</u> , 19 <u>53</u> , to <u>5-2-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-2</u> , 19 <u>53</u> , and that death occurred at <u>5:55pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Angelo Lapi M.D.</u> (Degree or title) <u>antipay surgeon</u>			23b. ADDRESS <u>101 Memorial Drive</u>		23c. DATE SIGNED <u>5-2-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1953</u> <u>May 5 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5-5-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dwight & Robin</u>		ADDRESS <u>20 West Linwood</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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~~

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Farrest D Coldenow*

Licensed Embalmer No. *4714*

P. O. Address *Kansas City 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.