

FILED JUN 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18201**
2565

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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>88</u> years		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>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3009 Baltimore</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JAMES</u>		b. (Middle) _____		c. (Last) <u>O'BRIEN</u>			
				4. DATE OF DEATH <u>May 14 1953</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Jan 16 1865</u>			
						9. AGE (In years: last birthday) <u>88</u>			
						10. UNDER 1 YEAR: Months _____ Days _____			
						11. UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired—Printer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>K. C. Star</u>		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>JAMES O'BRIEN</u>			13b. MOTHER'S MAIDEN NAME <u>NO RECORD</u>			14. NAME OF HUSBAND OR WIFE <u>CATHERINE O'BRIEN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>490-16-0896</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Stephens</u> ADDRESS <u>5850 El Monte Drive</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>Intermittent heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES					
				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.					
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____		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>2-1-48</u> , to <u>5-14-53</u> , that I last saw the deceased alive on <u>5-14-53</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Graham Owens</u> (Degree or title) _____				23b. ADDRESS <u>906 Grand</u>		23c. DATE SIGNED <u>5-16-53</u>			
24a. BURIAL (CREMATION, REMOVAL, etc.) <u>Burial</u>		24b. DATE <u>May 18 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Shawnee, Kansas</u>			
DATE REC'D BY LOCAL REG. <u>5-19-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Quirk & Robin</u>		ADDRESS <u>20 W Linwood</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

0961 & T NMP SA
JUN 13 1960

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. Goldsnow

Licensed Embalmer No. 4714

P. O. Address A. O. 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.