

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31932**
4452

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

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| 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) Kansas City | c. LENGTH OF STAY (in this place) 37 yrs. | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Linwood Nursing Home | | d. STREET ADDRESS (If rural, give location) 131 West 59th Street | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Julia b. (Middle) L. c. (Last) O'FLAHERTY | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1953 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 10-14-65 |
| 9. AGE (In years last birthday) 87 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | 10b. KIND OF BUSINESS OR INDUSTRY |
| 11. BIRTHPLACE (City and State or Foreign Country) Springfield, Illinois | | 12. CITIZEN OF WHAT COUNTRY? USA | |

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|---|---|--|
| 13a. FATHER'S NAME Edmund McCarthy | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Michael J. O'Flaherty |
| 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 ADDRESS Mrs. F. C. McConnell, 131 W. 59th, KC. Mo. |

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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis | | 2 days |
| | ANTECEDENT CAUSES DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) Generalized Arteriosclerosis | | 5 years 5 years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Fracture Left Femur 1950. | | | 3 years |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | | |
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| 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 **Sept 10, 1950**, to **Sept 11, 1953**, that I last saw the deceased alive on **Sept 10, 1953**, and that death occurred at **9:00 Am.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Carl H. Brust | 23b. ADDRESS 106 W 14th St - K.C. Mo. | 23c. DATE SIGNED Sept 11-53 |
| 24a. BURIAL REMOVAL (Specify) Burial | 24b. DATE 9-11-53 | 24c. NAME OF CEMETERY OR CREMATORY |
| 24d. LOCATION (City, town, or county) (State) Ottawa, Kansas | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo. |

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| DATE REC'D BY LOCAL REG. 9-11-53 | REGISTRAR'S SIGNATURE Sheraldine Smith |
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(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Broun
106 W. 14th - Room 704

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. Payne
Licensed Embalmer No. 3744

P. O. Address CC 7th

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.