

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35897**
4947

FILED NOV 2 - 1953

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

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

1. PLACE OF DEATH a. 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>60 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Troost Ave. Nursing Home</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>1110 3708 Summit</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>J.</u> c. (Last) <u>Harrigan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 13 1953</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 12, 1881</u>	9. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bartender</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Abilene, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John Harrigan</u>			
13b. MOTHER'S MAIDEN NAME <u>Margaret Ann Maroney</u>		14. NAME OF HUSBAND OR WIFE <u>Anne Ford Harrigan</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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Mary M. Harrigan</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Care of Gall Bladder</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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Sept 11, 1953</u> , to <u>Oct 13, 1953</u> , that I last saw the deceased alive on <u>10-13</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Amin Boutros</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>416 Argyle Blvd KCMo.</u>		
23c. DATE SIGNED <u>10-15-53</u>			_____		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 16, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		_____			
DATE REC'D BY LOCAL REG. <u>10-15-53</u>		REGISTRAR'S SIGNATURE <u>Gladine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Querk & Hobbs Co.</u>	
_____		_____		ADDRESS <u>20 W. Linwood</u>	

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.....
Signature of Student Embalmer

Signed *Forrest P. Coldson*.....

Licensed Embalmer No. *4717*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.