

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

8563

State File No. ....

1173

BIRTH NO. FILED MAR 31 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas		b. COUNTY Wichita	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Wichita Falls		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 4 weeks		e. STREET ADDRESS (If rural, give location) Unknown			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital					

3. NAME OF DECEASED (Type or Print) Joseph Hill Condon			4. DATE OF DEATH (Month) (Day) (Year) March 14 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 11, 1904		9. AGE (In years last birthday) 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Publisher		10b. KIND OF BUSINESS OR INDUSTRY Newspaper	11. BIRTHPLACE (City and State or Foreign Country) Vernon, Texas		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME James Condon		13b. MOTHER'S MAIDEN NAME Frances Hill		14. NAME OF HUSBAND OR WIFE Mary Ann Condon (Wife)	
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. 460-05-6082		17. INFORMANT'S SIGNATURE OR NAME Mary Gertrude Condon	
				ADDRESS 229 Ward Parkway	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary of Heart</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			5810

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) 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 3-7, 1954, to 3-14, 1954, that I last saw the deceased alive on 3-14, 1954, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE Hubert M. Parker (Degree or title) <i>Hubert M. Parker MD</i>		23b. ADDRESS 520 Argyle Bldg		23c. DATE SIGNED 3-16-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 17, 1954		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
				24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	

DATE REC'D BY LOCAL REG. 3-16-54		REGISTRAR'S SIGNATURE <i>Sheldine Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE Quirk & Tobin, 20 W. Linwood, K. C. Mo.	
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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, or by ....., Student Embalmer No. .... working under my personal supervision..

Student .....

Signature of Student Embalmer

Signed *Forrest D. Caldwell* .....

Licensed Embalmer No. *4714* .....

P. O. Address *K. C. 2nd* .....

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.