

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1954

State File No. **8816**  
**991**

BIRTH NO.		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>WYANDOTTE</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>6 hrs</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorah Medical Center</b>				e. STREET ADDRESS (If rural, give location) <b>200 S 8th</b>		<b>\$15<sup>00</sup> 9</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b>			b. (Middle) <b>L.</b>		c. (Last) <b>Maskill</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3-4-54</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, <del>WIDOWED</del> <del>RE-MARRIED</del> (Specify) <b>1</b>		8. DATE OF BIRTH <b>3-24-02</b>		9. AGE (In years last birthday) <b>51</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stationary Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ARMY RECORD CENTER</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Mary's, Kansas</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>JAMES MASKILL</b>			13b. MOTHER'S MAIDEN NAME <b>RUNE O'BRIEN</b>			14. NAME OF HUSBAND OR WIFE <b>CAROLINE MASKILL</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>4/23/19 to 6/2/20</b>			16. SOCIAL SECURITY NO. <b>486-07-6104</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Caroline Maskill</b>			ADDRESS <b>2005 8th K.C.K.</b>	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Acute Coronary Occlusion</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) <b>Coronary Arteriosclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <b>Previous Coronary Disease</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4201</b>	
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)		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 <b>Mar 20, 1953</b> to <b>Mar 4, 1954</b> , that I last saw the deceased alive on <b>Mar 2, 1954</b> and that death occurred at <b>4:30 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Harold Fassman</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>Prof. Bldg</b>			23c. DATE SIGNED <b>3/4/54</b>		
24a. BURIAL CREMATION/REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-6-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT CALVARY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, KANSAS</b>			
DATE REC'D BY LOCAL REG. <b>3-5-54</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos. A. Butler's Sons, K.C.K.</b>				

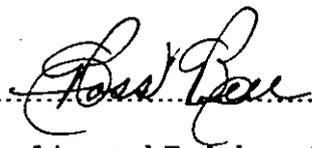
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....



Licensed Embalmer No. 34267

P. O. Address N. C. 26.....

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.