

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 19 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 391

1. PLACE OF DEATH a. COUNTY <u>Buchanan</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>St. Joseph</u>		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>State Hospital #2</u>		d. STREET ADDRESS (If rural, give location) <u>319 College Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>PATRICK</u> b. (Middle) _____ c. (Last) <u>NELLIGAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Nov. 17, 1889</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Common</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>M. L. Nelligan</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>Not given</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>M. L. Nelligan, 319 College Ave., Kansas City, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
		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. <u>Schizophrenia Hebephrenia</u>			<u>17 yrs.</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>1561</u>			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) (Min.)		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 April 10, 1954, to Apr 10, 1954, that I last saw the deceased alive on Apr 10, 1954, and that death occurred at 1:40P m., from the causes and on the date stated above.

23a. SIGNATURE <u>G.E. Gossins M.D.</u> (Name or title)		23b. ADDRESS <u>State Hospital #2, City</u>		23c. DATE SIGNED <u>4-10-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Apr 10, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Apr. 16, 1954</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> <u>495</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman W. Spidenmacher 1802 Union St.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 20 1913

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 Robert H. Goble

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.