

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16030

State File No. _____

FILED MAY 18 1954

2002

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</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 OR TOWN <u>Kansas City</u>)		c. LENGTH OF STAY (in this place) <u>61 years</u>		c. CITY OR TOWN <u>Kansas City</u>		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 <u>General Hospital No. 1</u>				e. STREET ADDRESS (If rural, give location) <u>4009 Holly</u> <u>8708</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>			b. (Middle) <u>Richard</u>		c. (Last) <u>Mahoney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>3</u> <u>1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>April 15, 1893</u>	9. AGE (In years last birthday) <u>61 years</u>		IF UNDER 1 YEAR Days _____ IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K.C.Mo. Health Dept</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Garage K.C.Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Dennis Mahoney</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Coughlin</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>4810-26-6593</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward Healey 15 West 73rd Terr.</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>Arteriosclerotic heart disease with cardiac decompensation, pulmonary emphysema and fibrosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2</u>	
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 <u>April 23, 1954</u> , to <u>May 3, 1954</u> , that I last saw the deceased alive on <u>May 3, 1954</u> , and that death occurred at <u>12:40A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B.I. Burns</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>24th & Cherry</u>		23c. DATE SIGNED <u>5-3-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 5, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>		24d. LOCATION (City, town, or county) (State) <u>K.C.Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-4-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas E. Quirk 4316 Troost Ave.</u>		

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

Dr. Hopkins

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.....
P. O. Address.....

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.