

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27580

State File No. ....

3782

FILED AUG 27 1954

|  |                               |  |   |   |   |   |   |
|--|-------------------------------|--|---|---|---|---|---|
| BIRTH NO. _____  |                               | REG. DIST. NO. <u>199</u>  |   | PRIMARY REG. DIST. NO. <u>1002</u>  |   | Registrar's No. <u>3782</u>   |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>  |                               |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>                   |   |   |   |
| b. CITY OR TOWN <u>KANSAS CITY</u>   |                               | c. LENGTH OF STAY (in this place) _____  |   | 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>205 EAST 72<sup>ND</sup> TERRACE</u>  |                               |  |   | No. STREET ADDRESS (If rural, give location) <u>205 EAST 72<sup>ND</sup> TERRACE</u>  |   |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>FRANK</u>   |                               |  | b. (Middle) <u>WILLIAM</u>                    |   | c. (Last) <u>O'NEIL</u>                   |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 2, 1954</u> |
| 5. SEX <u>♂</u>  | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>                            | 8. DATE OF BIRTH <u>APRIL 5, 1894</u>         |   | 9. AGE (In years, Months, Days) <u>70</u> | IF UNDER 1 YEAR   | IF UNDER 24 HRS.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LINE TYPE OPERATOR</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>KANSAS CITY STAR</u>  |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>LEAVENWORTH, KANSAS</u>   |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |   |
| 13a. FATHER'S NAME <u>WILLIAM L. O'NEIL</u>  |                               |  | 13b. MOTHER'S MAIDEN NAME <u>MARY GIBBONS</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>487-03-7856</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME <u>MISS MINNIE L. O'NEIL</u> ADDRESS <u>305 E. 72<sup>ND</sup> TERR. KANSAS CITY, MO.</u>                                   |   |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>  |   |   | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>                |
|  |                               |  |   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |   |   |   |
|  |                               |  |   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>4<sup>th</sup></u>  |   |   |   |
| 19a. DATE OF OPERATION <u>NONE</u>   |                               | 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>5-12-</u> 19 <u>51</u> , to <u>8-2-</u> 19 <u>54</u> that I last saw the deceased alive on <u>7-31-</u> 19 <u>54</u> , and that death occurred at <u>4:30 a.m.</u> , from the causes and on the date stated above. |                               |  |   |   |   |   |   |
| 23a. SIGNATURE <u>H. R. Lydon Jr.</u> (Degree or title) <u>D.</u>  |                               |  |   | 23b. ADDRESS <u>1077 E 75, KCMO</u>   |   | 23c. DATE SIGNED <u>8-2-54</u>  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>  |                               | 24b. DATE <u>AUG 4-1954</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>  |   | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>   |   |
| DATE REC'D BY LOCAL REG. <u>8-3-54</u>   |                               | REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Newman</u> ADDRESS <u>331 BRUSH CREEK KANSAS CITY, MISSOURI</u>  |   |   |   |

(Licensed Embalmer's Statement on Reverse Side)

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.....  
*Kollie Kessel*

Licensed Embalmer No. 468

P. O. Address..... Koca

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.