

FILED JAN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43311**
6015

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY | | c. CITY OR TOWN KANSAS CITY | |
| c. LENGTH OF STAY (in this place) 35 YEARS | | 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 RESEARCH HOSPITAL | | | |
| STREET ADDRESS (If rural, give location) 2534 BALES AVENUE | | | |

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|---|-------------------------------|--|---|
| 3. NAME OF DECEASED a. (First) FRANCES b. (Middle) _____ c. (Last) O'CONNOR | | 4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 30, 1954 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH OCT. 18, 1880 |
| 9. AGE (1- years last birthday) 74 | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 12 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State, or Foreign Country) CHILLICOTHE, MISSOURI |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME JOSEPH VENABLE | | 13b. MOTHER'S MAIDEN NAME ELLEN GUTHRIDGE | | 14. NAME OF HUSBAND OR WIFE RAY O'CONNOR | |
| 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. NONE | | 17. INFORMANT'S SIGNATURE OR NAME RAY O'CONNOR | |
| | | | | ADDRESS 2534 BALES AVE. KANSAS CITY, MO. | |

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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fallopian | | | |
| | | DUE TO (c) Coronary Arteriosclerosis | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 4201 | |

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|---|--|--|--|---|--|
| 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 12-20, 1954, to 12-30, 1954, that I last saw the deceased alive on 12-30 1954, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

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|---|--|--|--|--|--|
| 23a. SIGNATURE N. B. Black (Degree or title) | | 23b. ADDRESS mid 24th & Penn Bldg | | 23c. DATE SIGNED 12-30-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 12-30-54 | | 24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM. | |
| | | | | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI | |
| DATE REC'D BY LOCAL REG. 12-31-54 | | REGISTRAR'S SIGNATURE neva minshall | | 25. FUNERAL DIRECTOR'S SIGNATURE N. G. Newcomer ADDRESS 1331 ... KANSAS CITY, MISSOURI | |

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

missed

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..... *Fannie Kessel*

Licensed Embalmer No. *469*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.