

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40793
State File No. _____
5678
Registrar's No. _____

FILED JAN 11 1956

BIRTH NO. 94723-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</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>life</u>	c. CITY OR TOWN <u>OVERLAND PARK</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>Menorah Medical Center</u>		STREET ADDRESS (If rural, give location) <u>7309 West 74th Terr.</u>	
3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>THOMAS</u>	c. (Last) <u>O'NEILL</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>12-27-55</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Dec. 27, 1955</u>	
9. AGE (In years last birthday) _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		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>James J. O'Neill</u>	
13b. MOTHER'S MAIDEN NAME <u>Helen Markus</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>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James J. O'Neill--father</u>		ADDRESS <u>Overland Park, Kans.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
f. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Non viable premature</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12</u>	
ANTECEDENT CAUSES DUE TO (b) <u>6 months fetus</u> DUE TO (c) <u>mother's membranes ruptured and she went to labor</u>		II. OTHER SIGNIFICANT CONDITIONS <u>76'5</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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>12-27</u> , 19 <u>55</u> , to <u>12-27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-27</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Bella K. Kent</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>701 E 63rd St. City, Mo</u>	
23c. DATE SIGNED <u>12-28-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12/28/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>QUIRK & TOBIN</u>	
DATE REC'D BY LOCAL REG. <u>12-28-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	
ADDRESS <u>20 W. Linwood, K. C. Mo.</u>		_____	

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 *Lorant P. Goldsnow*

Licensed Embalmer No. *471*

P. O. Address *K.C. 1100*

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.