

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4788**
Registrar's No. **287**

FILED FEB 17 1956

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

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 town) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place township) 50 yrs.		e. STREET ADDRESS (If rural, give location) 3720 Wyandotte St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Colonial Nursing Home		48	
100 East 36th Street		3450	

3. NAME OF DECEASED (Type or Print) a. (First) Genevieve b. (Middle) ----- c. (Last) Galvin			4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1956		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 20, 1887	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 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 At Home	11. BIRTHPLACE (City and State or Foreign Country) County Antrim, Ireland		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Willis	13b. MOTHER'S MAIDEN NAME Mary Kirkpatrick	14. NAME OF HUSBAND OR WIFE Jeremiah Galvin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 491-20-76284-B	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jeremiah Galvin-Husband-3720 Wyandotte
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 hour 4201 3 months
	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. Acute pleurisy due to previous cerebral hemorrhage		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 12-7- 1955, to 1-7- 1956, that I last saw the deceased alive on 1-7, 1956, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE Paul Moss (Degree or title) M.D.	23b. ADDRESS 406 Bryant Building	23c. DATE SIGNED 1-21-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/23/56	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 1-21-56	REGISTRAR'S SIGNATURE Neve Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Quirk & Tobin-20 W. Linwood, K.C.Mo.
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WRITE PLAINLY—USING UNFAADING 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 *James E. Hackleman*

Licensed Embalmer No. *4573*

P. O. Address *K. E. M.*

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.