

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9019**
Registrar's No. **959**

FILED MAR 21 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 57 yrs		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"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION NORTHEAST HOSPITAL				e. STREET ADDRESS (If rural, give location) 3035 INDEP. AVE. 3095			
3. NAME OF DECEASED (Type or Print) a. (First) TIMOTHY			b. (Middle) PATRICK		c. (Last) CALLAHAN		4. DATE OF DEATH (Month) (Day) (Year) MARCH 3, 1956
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 12, 1898	9. AGE (In years last birthday) 57	F UNDER 1 YEAR Months - Days -	F UNDER 1 HR. Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSPECTOR		10b. KIND OF BUSINESS OR INDUSTRY WESTERN WEIGHING & INSPECTION BUREAU		11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JERRY CALLAHAN		13b. MOTHER'S MAIDEN NAME MARGARET NOLAN		14. NAME OF HUSBAND OR WIFE ANN CALLAHAN			
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. 708-12-6012		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ANN CALLAHAN 3035 INDEP. AVE.			
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.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Ileal perforation</p> <p>DUE TO (c) Carcinoma of sigmoid & ileum</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>					<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>11 Days</p> <p>14 Days</p> <p>9, 153X</p>	
19a. DATE OF OPERATION 2-21-55	19b. MAJOR FINDINGS OF OPERATION Carcinoma of sigmoid & ileum					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, 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>2-14</u> , 19 <u>56</u> , to <u>3-3</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-3</u> , 19 <u>56</u> , and that death occurred at <u>8:53</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank E. Day D.O.				23b. ADDRESS 4314 E 92d KC Mo		23c. DATE SIGNED 3-5-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR. 13, 1956	24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEM.		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI			
DATE REC'D BY LOCAL REG. 3-5-56	REGISTRAR'S SIGNATURE neva minshall			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.H. Blackman & Son Inc. 11 E. 7th.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Frank E. Day

5-1000

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 *W.C. Irvine*.....

Licensed Embalmer No. *1879*.....

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.