

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16328**  
**2084**

**FILED MAY 31 1956**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>		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) <b>50 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>75 1939 Troost</b>		3750	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Long Nursing Home</b>					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>MARY</b>	b. (Middle) <b>DONNELLY</b>	c. (Last) <b>DONNELLY</b>	(Month) <b>5</b>	(Day) <b>13</b>	(Year) <b>56</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan 1, 1887</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Month _____ Day _____	IF UNDER 4 HRS. Hour _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Co. Donegal, Ireland</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Frank Meenan</b>	13b. MOTHER'S MAIDEN NAME <b>Ann McNellis</b>	14. NAME OF HUSBAND OR WIFE <b>Alfred Donnelly</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Margaret Donnelly</b>	ADDRESS <b>1939 Troost</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Broncho-Pneumonia</b>		<b>2 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Cerebral Vascular Disease</b> DUE TO (c) _____		<b>3 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>334X</b>

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-19-1954 to May 13, 1956, that I last saw the deceased alive on May 13, 1956 and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>L. F. Steffen M.D.</b>	(Degree or title) <b>D.</b>	23b. ADDRESS <b>1220 Professional Bldg</b>	23c. DATE SIGNED <b>5-14-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-16-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
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DATE REC'D BY LOCAL REG. <b>5-14-56</b>	REGISTRAR'S SIGNATURE <b>new minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody McGilley-Bylar</b>	ADDRESS <b>1800 E. Linwood</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Lawrence Kliffen  
1220 Prof. Bldg.  
after 1:30PM

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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 *Melvin Darteau*.....

Licensed Embalmer No..... 49

P. O. Address..... HCT

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.