Health, Welfare Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30562

FILED SEP 21 1956

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 100X Registrar's No. 3781

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City 0 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) General #1 — Length of stay in lb 15 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE California b. COUNTY Los Angeles
c. CITY OR TOWN Los Angeles 8040 8 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 907 W. 17th — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First DANIEL Middle P. Last AHERN

4. DATE OF DEATH Month Aug Day 28 Year 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug 4, 1892
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) —
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME Eugene Ahern
14. MOTHER'S MAIDEN NAME Ann Collins

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. UNKN
17. INFORMANT Mrs Mamie Francis Address 1317 No. W. 22 Ave. Portland, Oregon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sub dural Sematoma
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 9 1006 45
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 400 123
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell in dark from hotel fire escape to street
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 8-12-56
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Hotel fire escape
20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Geo. C. Kealhofer (Degree or title) Geo C Kealhofer Asst Deputy Coroner
22b. ADDRESS 6627 Prospect K Cmo
22c. DATE SIGNED 8-28-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 28 Aug 56
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) (State) Portland Oregon

24. FUNERAL DIRECTOR Mellody-McGilley-Eylar ADDRESS KCMO.
25. DATE RECD. BY LOCAL REG. 8-29-56
26. REGISTRAR'S SIGNATURE Neva Minshall

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.