

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33900

STATE FILE NUMBER

FILED NOV 2 - 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1527

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City, Rural</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Joseph Hosp.</u>		Length of stay in lb <u>2 Days</u>	d. STREET ADDRESS <u>5701 Farley</u> <sup>1000</sup> <u>1000</u> (If outside, give location) <u>1000</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Olin</u> Middle <u>H.</u> Last <u>Church</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>16</u> Year <u>1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 25, 1897</u>		9. AGE (In years last birthday) <u>59</u> IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Garage</u>	11. BIRTHPLACE (City and state or country) <u>Maywood, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13. FATHER'S NAME <u>Marion Church</u>			14. MOTHER'S MAIDEN NAME <u>Ida McBride</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-03-5323</u>	17. INFORMANT Address <u>Gertrude Church, K. C. Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ruptured abdominal aortic aneurysm</u>					INTERVAL BETWEEN ONSET AND DEATH <u>40 yrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					<u>6 weeks</u>
DUE TO (b) <u>aortic aneurysm</u>					<u>10 yrs.</u>
DUE TO (c) <u>Generalized arterial sclerosis</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>451A</u>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____
21. I attended the deceased from <u>14 Oct 1956</u> to <u>16 Oct 56</u> and last saw <sup>from</sup> him alive on <u>10/16/56</u> Death occurred at <u>9:30 A. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>H.L./Biggs</u> <u>H.L. Biggs, M.D.</u> (Degree or title)			22b. ADDRESS <u>Raytown, Mo</u>		22c. DATE SIGNED <u>10/17/56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 18, 56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
24. FUNERAL DIRECTOR <u>Gates Funeral Home, K. C. Kans.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>10-18-56</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Hipp 10022 Post 6301  
Dr. Vines

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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.....  
*Joseph M. McCarthy*

Licensed Embalmer No. 4694

P. O. Address.....  
*K. P. Moore*

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.