

FILED DEC 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41653

State File No.

5292

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>12 days</u>	c. CITY OR TOWN <u>Mission</u>		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 <u>St. Luke's Hospital</u>			STREET ADDRESS (If rural, give location) <u>6111 Lockton Lane 815th</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Irene</u>		b. (Middle) <u>E.</u>	c. (Last) <u>O'Brien</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 4 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11/3/93</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>De Kalb, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>Timothy Duggan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary McCarthy</u>		14. NAME OF HUSBAND OR WIFE <u>Sylvester L. O'Brien</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <u>321-12-3398</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John R. O'Brien (Son)</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mossine S. I. Haemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Multiple Ulcerative Duodenum</u> DUE TO (c) <u>Malignant Neoplasm Pancreas</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>17 days</u> <u>1 + Mo.</u> <u>3 + Mo.</u> <u>157 x</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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 <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>Sept 1956</u> to <u>Dec 4</u> , 1956, that I last saw the deceased alive on <u>Dec 3</u> , 1956, and that death occurred at <u>4 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Robt. J. Boody MD</u>		23b. ADDRESS <u>217 Regline Reg KC Mo</u>		23c. DATE SIGNED <u>12/4/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-7-1956</u>	24c. NAME OF CEMETERY OR CREMATOR <u>RESURRECTION CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>5500 Woodson Mission, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>12-6-56</u>	REGISTRAR'S SIGNATURE <u>Irene Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. NEWCOMER'S SONS, MISSION, KANSAS</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD
Robt. J. Boody

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 *Kollie Kessel*.....

Licensed Embalmer No. *4670*

P. O. Address *K.C.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.