

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17271

STATE FILE NUMBER

FILED MAY 21 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2091

300  
1-57

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</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. Mary's Hospital</u> Length of stay in lb <u>50 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>6426 Walnut St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>MICHAEL W.</u> Middle <u>O'HERN</u> Last <u>O'HERN</u>			4. DATE OF DEATH Month <u>May</u> Day <u>1</u> Year <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 13, 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer - Prosecuting Attorney</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <u>Vermont, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN D. O'HERN</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN B. RODERICK</u>	
14. NAME OF HUSBAND OR WIFE (or) <u>Myrtle O'Hern</u>		17. INFORMANT <u>Jahar B. O'Hern</u> Address <u>6651 Kenwood K.C., Mo.</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> <u>None</u>		16. SOCIAL SECURITY NO. <u>494-40-2690</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>Broncho pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cardiac Failure</u> DUE TO (c) <u>Arterial sclerotic heart disease 4200F</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fractured left hip</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>1 year</u> <u>10 years</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Fell in front of court house on windy day.</u>		20c. TIME OF INJURY Hour <u>3:00</u> Month, Day, Year <u>Apr 3 57</u> p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street in front of court house</u>	
20f. CITY, TOWN, OR LOCATION <u>Kansas City</u>		COUNTY <u>Jackson</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>3 April 57</u> to <u>1 May 57</u> and last saw her alive on <u>1 May 57</u> Death occurred at <u>12:39 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>William C. Van Buskirk M.D.</u>		22b. ADDRESS <u>1418 Professional Bldg - KC Mo</u>	
22c. DATE SIGNED <u>2 May 57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>MAY 3-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>	
23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons</u>	
25. DATE RECD. BY LOCAL REG. <u>5-3-57</u>		26. REGISTRAR'S SIGNATURE <u>neva minshall</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. William C. Van Buskirk USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Everett L. Smith*

Licensed Embalmer No. *5201*  
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.