

Health, Welfare & Public Service

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Frank A. O'Connell - USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. All diseases in Part I must be causally related.

28233

STATE FILE NUMBER

3788

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 30 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3788

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, give TOWNSHIP only) OR <b>Kansas City</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>St. Marys Hospital</b> INSTITUTION		Length of stay in lb <b>33 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>5411 Highland</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>EDWARD</b> Middle <b>THOMAS</b> Last <b>DUFFIN</b>			4. DATE OF DEATH Month <b>August</b> Day <b>10</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 3, 1905</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Supt. for U.S. Engineering Co. - Heating</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Plumbing &amp; Heating</b>	11. BIRTHPLACE (City and state or country) <b>Leavenworth, Kansas</b>
13a. FATHER'S NAME <b>Edward J. Duffin</b>		13b. MOTHER'S MAIDEN NAME <b>Ann Buckley</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Marguerite Duffin</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>487-26-5534</b>	17. INFORMANT Address <b>Mrs. Marguerite Duffin-5411 Highland, KC. Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Possible Congenital Aneurysm</b> DUE TO (c) _____ PART II. 'OTHER SIGNIFICANT CONDITIONS' CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>Indefinite</b> <b>330 X</b>
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 <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 <b>May 1957</b> to <b>Aug 1957</b> and last saw her <sup>her</sup> alive on <b>8/10/57</b> Death occurred at <b>1:40 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Frank A. O'Connell M.D.</b>		22b. ADDRESS <b>7951 State Ave.</b>	
22c. DATE SIGNED <b>8/12/57</b>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/13/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>QUIRK &amp; TOBIN-20 W. Linwood, K.C. Mo.</b>		25. DATE RECD. BY LOCAL REG: <b>8-13-57</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>

(Licensed Embalmer's Statement on Reverse Side)

1948

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 *E C Gibson*

Licensed Embalmer No. *437*  
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.