

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28352**
3634

FILED AUG 23 1957

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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>California</u> b. COUNTY <u>Los Angeles</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 Months</u>		c. CITY OR TOWN <u>Long Beach</u>		d. STREET ADDRESS (If rural, give location) <u>Savoy Hotel, 142 Pacific</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>August 2, 1957</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jeremiah</u>		b. (Middle) <u>(Jerry)</u>		c. (Last) <u>Shanahan</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 9, 1876</u>	
9. AGE (in years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engine Foreman Retired 1937</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.P. Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>County Kerry Ireland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Don't Know</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Behon</u>		14. NAME OF HUSBAND OR WIFE <u>Kathryn Shanahan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>712-01-9134</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Price, 941 Pacific, K.C.K.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma bladder</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atherosclerotic heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>181x</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		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>2-1</u> , 19 <u>57</u> , to <u>8-2</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Aug. 2</u> , 19 <u>57</u> , and that death occurred at <u>3:00A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Graham Owens MD</u>				23b. ADDRESS <u>Kansas City, Missouri</u>		23c. DATE SIGNED <u>8/2/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug. 5, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>8-2-57</u>		REGISTRAR'S SIGNATURE <u>Neve Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. A. Butler's Sons, Kansas City, Kansas</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Graham Owens



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
Student Embalmer

Signed _____
Don Bee

Licensed Embalmer No. 3426 Missouri

P. O. Address Kansas City, Kansas

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 this body is not embalmed, fact should be so stated above.