

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32077
STATE FILE NUMBER 4394

FILED OCT 9 1957

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

300
1-57 4

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) Trout Ave Nursing		d. STREET ADDRESS 2939 Trout	
3. NAME OF DECEASED (Type or print) First William Middle F. Last O'Connor		4. DATE OF DEATH Month 9 Day 20 Year 57	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-29-1866
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) Pensioner		10b. KIND OF BUSINESS OR INDUSTRY State	11. BIRTHPLACE (City and state or country) Canada
13a. FATHER'S NAME Charles O'Connor		13b. MOTHER'S MAIDEN NAME Josephine Almond	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		17. INFORMANT C.F. O'Connor	
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia DUE TO (b) Upper Respiratory Infection DUE TO (c) Septicemia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility		INTERVAL BETWEEN ONSET AND DEATH 2 wks 4-5-57	
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 a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Belmont	
21. attended the deceased from birth occurred Sept 15-17 and last saw him alive on Sept 20-1957		22c. DATE SIGNED 9/21/57	
22a. SIGNATURE Stan J. Sulkowski		22b. ADDRESS 1601 Belmont	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-23-57	
23c. NAME OF CEMETERY OR CREMATORY Mt. Washington		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
24. FUNERAL DIRECTOR Werkets: 6900 Trout: L.C. Mc.		25. DATE RECD. BY LOCAL REG. 9-21-57	
26. REGISTRAR'S SIGNATURE reva mitchell			

Stan J. Sulkowski
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

KP 2

MISSOURI
KANSAS
1900-1901

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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 *B. E. Walcott*

Licensed Embalmer No. *4075*
P. O. Address *L. C. & Co.*

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.