

FILED JAN 8 1958

STANDARD CERTIFICATE OF DEATH

44523  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5945

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Leawood</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hosp.</b>		Length of stay in <sup>th</sup> <b>25 yrs 8 days</b>	d. STREET ADDRESS (If outside, give location) <b>9409 Meadow Lane</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>MICHAEL LEO O'DONNELL</b>			4. DATE OF DEATH Month Day Year <b>Dec. 14 1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 28, 1885</b>		9. AGE (In years last birthday) <b>72</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Run a Machine</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Missouri Mapes</b>		11. BIRTHPLACE (City and state or country) <b>Dawson, Nebraska</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>John O'Donnell Corp.</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Dickey</b>	
14. NAME OF HUSBAND OR WIFE <b>None</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>486-09-7818</b>	
17. INFORMANT <b>Mrs. W. D. Mohler, 9409 Meadow Lane</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>Bilateral Broncho Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cor Pulmonale</b>		DUE TO (c) <b>Pulmonary Fibrosis, Emphysema</b>		<b>10 years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>525x</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 WORK <input type="checkbox"/> 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>12/5-57</b> to <b>12/14-57</b> and last saw <sup>her</sup> him alive on <b>12/14-57</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>P. J. O'Connell</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>4178 Cambridge K.C. Mo.</b>		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REBURYAL (Specify) <b>Burial</b>		23b. DATE <b>12-17-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Dawson, Nebraska Cem.</b>	
23d. LOCATION (City, town, or county) (State) <b>Dawson, Nebr.</b>		24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar Funeral Home</b> Linwood-Woodland		25. DATE RECD. BY LOCAL REG. <b>12-16-57</b>	
26. REGISTRAR'S SIGNATURE <b>neva minshall</b>					

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Dr. P.J. O'Connell  
4178 Cambridge  
Jr 2-2120

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 *James W. Wain* .....

Licensed Embalmer No. *4650* .....

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.