

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018347

STATE FILE NUMBER

2612

FILED JUN 11 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|--|----------------------------------|---|---|
| 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) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital | | Length of stay in lb 57 hrs | d. STREET ADDRESS (If outside, give location) 3911 Agnes Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last MSGR. FRANCIS G. McCAFFREY | | | 4. DATE OF DEATH Month Day Year May 20 1958 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 27, 1878 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pastor Emeritus | | 10b. KIND OF BUSINESS OR INDUSTRY Church | 11. BIRTHPLACE (City and state or country) County Leitrim, Ireland |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13. FATHER'S NAME McLown | |
| 13b. MOTHER'S MAIDEN NAME McLown | | 14. NAME OF HUSBAND OR WIFE NONE | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year of service, if unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT St. Joseph Hospital Address 3911 Agnes Taller, Koenig |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture resulting abdominal aneurysm. | | | INTERVAL BETWEEN ONSET AND DEATH 48 hours |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | 451+ |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 Jan 1, 1954 to May 20, 1958 and last saw him alive on May 20, 1958 Death occurred at 11:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Martin P. Hunter M.D. | | 22b. ADDRESS 1408 Waldheim Bldg | 22c. DATE SIGNED May 23, 1958 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE May 23/58 | 23c. NAME OF CEMETERY OR CREMATORY St. Claret | 23d. LOCATION (City, town, or county) (State) R.C. Mo. |
| 24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home | | 25. DATE RECD. BY LOCAL REG. 5-23-58 | 26. REGISTRAR'S SIGNATURE Reva Minshall |

Woodland-Linwood

(Licensed Embalmer's Statement on Reverse Side)

6 E
West
Vi-26708



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 *John A. Hedmon*

Licensed Embalmer No. *5025*

P. O. Address *Indep, 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.