

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025648

STATE FILE NUMBER

FILED JUL 30 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3468

S. 300  
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>Missouri</b> b. COUNTY <b>Jackson</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>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 INSTITUTION <b>Little Sisters</b>			Length of stay in lb <b>45 yrs</b>		d. STREET ADDRESS <b>4934 Michigan</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>A.</b> Last <b>McDONNELL</b>				4. DATE OF DEATH Month <b>July</b> Day <b>14</b> Year <b>1958</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>1976</b> <b>April 14, 1875</b>		9. AGE (In years last birthday) <b>82</b>		10. FUNDER 1 YEAR Months <b>82</b> Days <b>05</b>		11. IF UNDER 24 HRS. Hours <b>05</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman (retired)</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Hinde Dauch Box Co</b>		11. BIRTHPLACE (City and state or country) <b>Chicago, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Thomas McDonnell</b>				13b. MOTHER'S MAIDEN NAME <b>Unknown</b>				14. NAME OF HUSBAND OR WIFE <b>Lucy McDonnell</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>510-059301A</b>		17. INFORMANT Address <b>Mrs Rose Simms 4934 Michigan K.C., 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>Coronary artery thrombosis</b> <b>Coronary thrombosis</b> <b>Coronary arteriosclerosis</b> DUE TO (b) <b>Coronary thrombosis</b> DUE TO (c) <b>Coronary arteriosclerosis</b> 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 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 <b>9:15</b> Month, Day, Year <b>3/19/55</b> a.m. <b>3/14/58</b> p.m.			20d. INJURY OCCURRED WHILE AT WORK <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 <b>Kansas City</b>			COUNTY <b>Missouri</b>			STATE				
21. I attended the deceased from <b>9:15 3/19/55</b> to <b>7/14/58</b> and last saw <sup>her</sup> him alive on <b>7/14/58</b> Death occurred at <b>9:15 3/19/55</b> p. on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>Joseph A. Fogarty</b> (D, three or title)						22b. ADDRESS <b>402 Witherspoon St. K.C. Mo</b>			22c. DATE SIGNED <b>7/15/58</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			23b. DATE <b>7-17-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>					
24. FUNERAL DIRECTOR <b>MELLODY McGILLEY EYLAR</b> ADDRESS <b>KANSAS CITY MO.</b>				25. DATE RECD. BY LOCAL REG. <b>7-16-58</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>							

Joseph A. Fogarty USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

cover, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.



*M. J. A. Fogarty*

*Wint. in. Bldg.  
Wet - 4644  
Noon - 2 pm*

**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. 4137 .....  
P. O. Address Excelsior Sngs 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.