Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036545
STATE FILE NUMBER

FILED OCT 29 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4845

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: ST. MARY'S HOSP — Length of stay in Hospital: 40 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 138 NORTH OAKLEY — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: JAMES Middle: Last: O'SULLIVAN

4. DATE OF DEATH: Month: OCT Day: 12 Year: 1958

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]
8. DATE OF BIRTH: SEP-3-1885
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAINTENANCE
10b. KIND OF BUSINESS OR INDUSTRY: NAT'L BELLAS HESS
11. BIRTHPLACE (City and state or country): IRELAND
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: PATSY O'SULLIVAN
13b. MOTHER'S MAIDEN NAME: ELLEN —
14. NAME OF ~~HUSBAND~~ OR WIFE: LENORA O'SULLIVAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 496-16-0153
17. INFORMANT: LENORA O'SULLIVAN Address: 138-N-OAKLEY K.C. MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Artery Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Kansas City **COUNTY** Jackson **STATE** Mo

21. I attended the deceased from 10-1-58, to 10-12-58 and last saw him alive on Oct. 11, 1958
Death occurred at 5:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE K. L. Shireman, M.D. (Degree or title)
22b. ADDRESS 4606 St Johns Kcmo
22c. DATE SIGNED 10-13-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: OCT-14-1958
23c. NAME OF CEMETERY OR ~~CREMATORY~~: MT. OLIVET CEM.
23d. LOCATION (City, town, or county): KANSAS CITY (State): Mo.

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS ADDRESS: 1331 BROSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 10-14-58
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

K. L. Shireman

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 ....L. O. Nelson.....

Licensed Embalmer No. 4401

P. O. Address Kansas City

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.