

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009321

STATE FILE NUMBER

FILED MAR 19 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1123

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 Kansas City TOWNSHIP 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 Hosp.		Length of stay in lb 69 yrs.	d. STREET ADDRESS (If outside, give location) 816 W. 44th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Edward Middle James Last Cassidy			4. DATE OF DEATH Month March Day 1 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 6, 1889
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 6 Days 9	IF UNDER 24 HRS. Hours 1 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Lt. (Retired)		10b. KIND OF BUSINESS OR INDUSTRY K.C. Police Dept.	11. BIRTHPLACE (City and state or country) Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Christopher C. Cassidy		13b. MOTHER'S MAIDEN NAME Catherine Kennedy	14. NAME OF HUSBAND OR WIFE Clara A. Cassidy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-42-4036	17. INFORMANT Address Mrs. Clara A. Cassidy, 816 W. 44th St. Mo. K.C.
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 Decompensation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of pleura, liver DUE TO (c) peritonitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 7 days 16 mos
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.) 1992	
20c. TIME OF INJURY Hour 10:30 a.m. 3 p.m.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 St. Mary's Cemetery COUNTY 1st STATE 3/1/59
21. I attended the deceased from Nov 15 1957 to March 1 1959 and saw him alive on 3/25/59 Death occurred at 10:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W.W. Buckingham (Degree or title)		22b. ADDRESS 116 1st St. P.O. Box 3/2/59	
23a. BURIAL - CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-4-59	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
23d. LOCATION (City, town, or country) Kansas City, Missouri		23e. STATE (State)	
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar		24a. ADDRESS 20 W. Linwood K. C. Mo.	25. DATE RECD. BY LOCAL REG. 3-2-59
26. REGISTRAR'S SIGNATURE Neve Marshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

W. W. Buckingham

12/11/11

Ha. 1-5985

Professional Bx



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 *Wm H Lentz*

Licensed Embalmer No. *5038*

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.