

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013201

STATE FILE NUMBER
Registrar's No. 1795

FILED APR 27 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1795

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) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center		Length of stay in 1b 38 yrs.	d. STREET ADDRESS (If outside, give location) 827 W. 40th St.
3. NAME OF DECEASED (Type or print) First Edmond Middle Vincent Last Byrne			4. DATE OF DEATH Month 4 Day 8 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 8 23 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector (retired)		10b. KIND OF BUSINESS OR INDUSTRY K.C. Terminal Ry	11. BIRTHPLACE (City and state or country) Tipperary, Ireland 4
13a. FATHER'S NAME Patrick Byrne		13b. MOTHER'S MAIDEN NAME Margaret Kennedy	14. NAME OF HUSBAND OR WIFE Helen Byrne
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. MISSOURIAN Address Helen Byrne, 827 W. 40th St. 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) Cerebral Vascular Accident			INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
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.) 331X	
20c. TIME OF INJURY Hour _____ 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 Kansas City COUNTY _____ STATE _____	
21. I attended the deceased from 1956 to 4-8-59 and last saw ^{her} alive on 4-8-59 Death occurred at 4:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Milton Katz (Degree or title) M.D.		22b. ADDRESS 751 E 63rd, K.C. Mo	
22c. DATE SIGNED 4-9-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-11-59	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Melody-McGilley-Eylar ADDRESS 20 W. Linwood K. C. Mo.		25. DATE RECD. BY LOCAL REG. 4-9-59	26. REGISTRAR'S SIGNATURE Neval Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

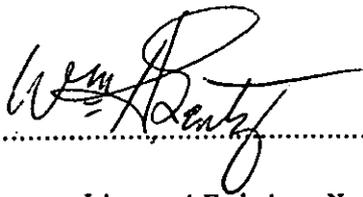
All diseases in Part I must be causally related.

Milton Katz

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 

Licensed Embalmer No. 5038
P. O. Address K. C. Cho.

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.