

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017670

FILED MAY 29 1959

Registration District No.

149

Primary Registration District No. 002

STATE FILE NUMBER

Registrar's No.

2210

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. 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 Downtown Hospital		Length of stay in 1b 17 yrs	d. STREET ADDRESS (If outside, give location) 5423 Michigan Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HENRY Middle E. Last DALEY			4. DATE OF DEATH Month May Day 1 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 25, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Superintendent		10b. KIND OF BUSINESS OR INDUSTRY Co. Massman Const.	11. BIRTHPLACE (City and state or country) Somersville, Calif.
13a. FATHER'S NAME Patrick Daley		13b. MOTHER'S MAIDEN NAME Anne McDermitt	14. NAME OF HUSBAND OR WIFE Ethel L. Daley
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. 516-05-1684	17. INFORMANT Address Mrs. O'Neil Tietgen, 5423 Michigan
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 hemorrhage Arterio sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 4 d
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x			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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Death occurred at 5/1/59 3PM to 5/1/59 and last saw her alive on 5/1/59 m on the date stated above; and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
22a. SIGNATURE J. A. Nigro (Degree or title) M.D.		22b. ADDRESS 1222 McGee - Kansas City, Mo	
22c. DATE SIGNED 5-2-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-4-1959	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar 1800 Linwood		25. DATE RECD. BY LOCAL REG. 5-4-59	
26. REGISTRAR'S SIGNATURE Neva Minchall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. A. Nigro

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

V
2

Dr. Albert Fujita
1222
Ma 1-2388

Simons St
918 Oak
tel 11:50 am

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
[Handwritten Signature]

• Licensed Embalmer No. *2999*
• P. O. Address *HC*

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.