

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021254

STATE FILE NUMBER
Registrator's No. 2919

FILED JUL 8 1959

Registration District No. 149 Primary Registration District No. 1002

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 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 811 West 45 th		Length of stay in lb. 57 yrs.	d. STREET ADDRESS (If outside, give location) 811 W. 45 th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Delia Middle Callahan Last Callahan			4. DATE OF DEATH Month 6 - Day 15 - Year 1959			
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5. SEX Female	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 Oct. 10, 1884	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 6 Days 15	IF UNDER 24 HRS Hours 15 Min. 00
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) County Down, Ireland	12. CITIZEN OF WHAT COUNTRY? Irish
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13a. FATHER'S NAME James Morgan	13b. MOTHER'S MAIDEN NAME Mary Morris	14. NAME OF HUSBAND OR WIFE Michael D. Callahan
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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. None	17. INFORMANT Address Michael D. Callahan 811 W. 45th K.C. Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 5-6 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Multiple Myeloma	6 Months or longer
	DUE TO (c) Generalized Arteriosclerosis and Arteriosclerotic Heart Disease	Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 203X		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.)
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20c. TIME OF INJURY Hour 11:06 a.m. A.M. Month 6 Day 15 Year 1959	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 Missouri	STATE Missouri
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21. I attended the deceased from 5-6-59 to 6-15-59 and last saw her alive on 6-15-59 Death occurred at 11:06 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. Robert Thayer, M.D.	22b. ADDRESS 1222 McGee St., K.C., Mo.	22c. DATE SIGNED 6-16-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-18-1959	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eylar 20 W. Linwood K.C. Mo.	25. DATE RECD. BY LOCAL REG. 6-16-59	26. REGISTRAR'S SIGNATURE Ira Marshall
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

E. Robert Negro

All diseases in Part I must be causally related.

See back of
1938 Mo
Call No. 1-19
when signed.

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. P. [Signature]*

Licensed Embalmer No. *5038*
P. O. Address *K. E. 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.