

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025333

FILED VS AUG 1 0 1959 *149*

Registration District No. _____ Primary Registration District No. *1002* Registrar's No. *3627* STATE FILE NUMBER

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 TOWN Kansas City		Length of stay in 1b 59 yrs		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 4409 E. 23 St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4409 E. 23 St.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last MARVEL MARIE ANN O'BRIEN				4. DATE OF DEATH Month Day Year July 24 1959									
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 Dec 24 1899		9. AGE (last birthday) 59		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
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) Kansas City, Mo.			12. CITIZEN OF WHAT COUNTRY U. S. A.				
13a. FATHER'S NAME Willard E. Perry				13b. MOTHER'S MAIDEN NAME Nancy Jane Blythe				14. NAME OF HUSBAND OR WIFE Richard J. O'Brien					
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. —				17. INFORMANT Address Richard J. O'Brien, 4409 E. 23 Street					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Failure DUE TO (b) Coronary Artery Occlusion DUE TO (c) Arteriosclerosis - Myocardial Fibrosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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		COUNTY		STATE					
21. I attended the deceased from December 19, 1958 , to July 15, 1959 and last saw her ^{him} alive on July 15, 1959 Death occurred at Approx 9:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22. SIGNATURE (Degree or title) Sam Misasi D.O.				22b. ADDRESS 3031 Indyl Ave, K.C. Mo				22c. DATE SIGNED 7-25-59					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-27-1959		23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri							
24. FUNERAL DIRECTOR MELLODY-McGEELEY-EYLAR WOODLAND & LINWOOD				25. DATE RECD. BY LOCAL REG. 7-27-59		26. REGISTRAR'S SIGNATURE Neve Minchell							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF MISASI

Hand of P.
3031 July
Ch 1-0088

Now Tell

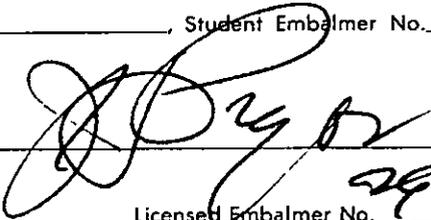
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____
Licensed Embalmer No. _____

P. O. Address _____

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.