

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025582

FILED JUL 16 1959 54

Registration District No. _____ Primary Registration District No. 5575 Registrar's No. 26

STATE FILE NUMBER

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 TOWNSHIP RURAL WASHINGTON TWP		Length of stay in 1b 4 YRS		c. CITY OR TOWN KANSAS CITY 34		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 11416 DELMAR			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 11416 DELMAR			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EDMUND ANTHONY O'CONNOR				4. DATE OF DEATH Month Day Year 7-10-59			
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 9-20-13	9. AGE (last birthday) 45	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POSTAL CLERK		10b. KIND OF BUSINESS OR INDUSTRY POSTAL DEPT		11. BIRTHPLACE (City and state or country) BROOKLYN N.Y.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME SIMON O'CONNOR			13b. MOTHER'S MAIDEN NAME MARGARET KERSLEY		14. NAME OF HUSBAND OR WIFE CAROL O'CONNOR		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW # 2			16. SOCIAL SECURITY NO. 060-08-0882		17. INFORMANT Address CAROL O'CONNOR 11416 DELMAR		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Coronary Occlusion						5 min	
DUE TO (b) Hypertensive Cardiovascular Disease						10 years	
DUE TO (c)							
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m.		Month, Day, Year					
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 May 1954 to July 1959 and last saw him alive on July 10 1959 Death occurred at 9:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. Black MD				22b. ADDRESS Wickman Mills, Mo		22c. DATE SIGNED 7/11/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 7-13-59	23c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY		23d. LOCATION (City, town, or county) COLUMBUS KANSAS		
24. FUNERAL DIRECTOR ADDRESS E.K. GEORGE & SONS GRANDVIEW				25. DATE RECD. BY LOCAL REG. 7-11-59		26. REGISTRAR'S SIGNATURE Dwight E. Goodard	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Required Embalmer's Statement on Reverse Side)

JUL 27 1959

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 *Sterling D. Dodson*

Licensed Embalmer No. 4911

P. O. Address Grandview

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.