

**JURI DIVISION - OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-036123**

FILED VS. NOV. 2 1959

149

Registration District No. 1002

Registrar's No.

4998

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in lb <b>45 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Norwood Nursing Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>812 Benton</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>E.</b> Last <b>Concannon</b>				4. DATE OF DEATH Month <b>10</b> Day <b>16</b> Year <b>59</b>									
5. SEX <b>M</b>		6. COLOR OR RACE <b>Wh.</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12-9-1883</b>		9. AGE (last birthday) <b>75</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (City and state or country) <b>Leavenworth Co., Kansas</b>				12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>Martin Concannon</b>				13b. MOTHER'S MAIDEN NAME <b>Anna Walsh</b>				14. NAME OF HUSBAND OR WIFE <b>Kathryn Concannon</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>A-384965 490-16-0387</b>		17. INFORMANT <b>R.J. Concannon</b>				Address <b>4125 Paseo K.C. Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Meningeal Carcinoma Liver</b>										INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>			
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) <b>Serulity - Arteriosclerosis Generalized</b>										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 <b>5-23-59</b> to <b>10-16-59</b> and last saw him alive on <b>10-15-59</b> Death occurred at <b>9:10 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>J. M. Haight</b> (Degree or title)						22b. ADDRESS <b>3401 E 12th KC Mo</b>				22c. DATE SIGNED <b>10-17-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>10-19-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary</b>				23d. LOCATION (City, town, or county) <b>Leavenworth</b>		23e. STATE <b>Kansas</b>			
24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar</b>				ADDRESS <b>20 W. Linwood</b>		25. DATE RECD. BY LOCAL REG. <b>10-17-59</b>		26. REGISTRAR'S SIGNATURE <b>Irene Minshall</b>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Haight  
3401 E. 12 St.

**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 James R. Phillips

Licensed Embalmer No. 4641

P. O. Address Harrisonville

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.