

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 10 1959

59-040263

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5719

ENDED

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON				
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Length of stay in 1b 1 DAY		c. CITY OR TOWN PRAIRIE VILLAGE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSP.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4624 W. 70th STREET		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MAURICE LELAND O'BRIEN				4. DATE OF DEATH Month Day Year NOV 25, 1959				
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 JUNE 29, 1909	9. AGE (last birthday) 50 yrs.	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) REG. MANAGER PAINT CO.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) SALISBURY MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME MAURICE S. O'BRIEN			13b. MOTHER'S MAIDEN NAME GEORGIA HARRIS			14. NAME OF HUSBAND OR WIFE VIRGINIA E. O'BRIEN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW 11			16. SOCIAL SECURITY NO. 487-07-4655		17. INFORMANT Address VIRGINIA E. O'BRIEN 4624 W 70th ST.			
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 hepatic failure -							INTERVAL BETWEEN ONSET AND DEATH ?	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma - metastatic							few months	
DUE TO (c) Ca - colon -							five months	
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 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 <u>1949</u> to <u>date</u> and last saw him alive on <u>11-25-59</u> Death occurred at <u>1:15 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>M O S</i> (Degree or Title)				22b. ADDRESS 10400 Med Bldg 9th - 11-25-59			22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE NOV 27, 1959		23c. NAME OF CEMETERY OR CREMATORY CALVARY CEM		23d. LOCATION (City, town, or county) KANSAS CITY MO.		(State)
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K. C. MO				25. DATE RECD. BY LOCAL REG. 11-27-59		26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Osgood MD

JAN-6 1960

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 Regis F. Lull

Licensed Embalmer No. 4818

P. O. Address K.C. 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.