

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

23 - 60-006920

FILED VS. FEB 29 1968/62

Registration District No. \_\_\_\_\_ Primary Registration District No. 5594 Registrar's No. \_\_\_\_\_ STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural-Meramec</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>St. Joseph Hills</b>		d. STREET ADDRESS (If outside, give location) <b>5746 Harrison St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Fred</b> Middle <b>T.</b> Last <b>Daly</b>			4. DATE OF DEATH Month <b>Feb</b> Day <b>29</b> Year <b>1960</b>			
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</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>1-2-69</b>	9. AGE (last birthday) <b>91</b>	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Colgate Palmolive</b>	11. BIRTHPLACE (City and state or country) <b>Quebec, Canada</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Alexander Daly</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Coffey</b>	14. NAME OF HUSBAND OR WIFE <b>Amelia Ouker</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>unk.</b>	17. INFORMANT <b>Bro. Koch</b> Address <b>St. Joseph Hills Inf Eureka, Missouri</b>
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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) <b>CARDIAC DECOMPENSATION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 DAYS.</b>
DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>		
DUE TO (c) <b>GENERALIZED ARTERIOSCLEROSIS</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>① PROSTATIC CARCINOMA</b> <b>② SENILITY</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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ a.m. _____ p.m. Month, Day, Year _____
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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 _____
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21. I attended the deceased from <b>11:00 PM JAN 31ST 1960</b> to <b>2/19/1960</b> and last saw her/him alive on <b>2/18/1960</b> . Death occurred at <b>11:00 PM 2/19/1960</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <b>Petrick C. Hogan M.D.</b>	22b. ADDRESS <b>2623 TELEGRAPH RD LEMA MO</b>	22c. DATE SIGNED <b>2/20/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>2-20-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar</b> ADDRESS <b>Kansas City Mo</b>	25. DATE RECD. BY LOCAL REG. <b>2-20-60</b>	26. REGISTRAR'S SIGNATURE <b>Robert E. Bauer</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS MAR 30 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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin

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.