

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015194

FILED VS MAY 5 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2111 STATE FILE NUMBER

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) OR TOWN Kansas City		Length of stay in 1b 6 Weeks	c. CITY OR TOWN Kansas City 3 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4760 Falmouth Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First James Middle C. Last Cahill			4. DATE OF DEATH Month April Day 13 Year 1960			
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/20/1910	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min.	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) Welder	10b. KIND OF BUSINESS OR INDUSTRY Bendix Aviation	11. BIRTHPLACE (City and state or country) Mineral, Kansas	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME James J. Cahill	13b. MOTHER'S MAIDEN NAME Mary Ann Brennan	14. NAME OF HUSBAND OR WIFE Margueritte Cahill
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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) Yes Navy # 2	16. SOCIAL SECURITY NO. 348-03-9531	17. INFORMANT Address Mrs. Geraldine Lyons 5140 Catalina KC3Ks
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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) Metastatic Cancer of R Lung DUE TO (b) Primary Cancer of R Lung DUE TO (c) Operative 5/24/58		INTERVAL BETWEEN ONSET AND DEATH 2 1/2
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.)
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20c. TIME OF INJURY Hour 8:30 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	Month, Day, Year 8/24/58	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 Professional Bldg. K.C. Mo	COUNTY K.C. Mo	STATE Mo
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21. I attended the deceased from **8/24/58** to **4/13/60** and last saw ~~him~~ ^{her} alive on **April 13, 1960**
Death occurred at **8:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Signature or title) W.W. Buckingham MD	22b. ADDRESS Professional Bldg. K.C. Mo	22c. DATE SIGNED 4/15/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/16/60	23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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24. FUNERAL DIRECTOR Jos. A. Butler's Sons, K. C. Kansas	25. DATE RECD. BY LOCAL REG. 4-15-60	26. REGISTRAR'S SIGNATURE W.W. Buckingham
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DOCUMENT

BY AFFIDAVIT OF W.W. Buckingham MEDICAL CERTIFICATION

JUN 7 1961

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 Ross Bell

Licensed Embalmer No. 3426

P. O. Address KCK

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.