IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 5 1960

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STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3325

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 32 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4005 Kenwood — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4005 Kenwood — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Francis Middle: Michael Last: O'Connor
4. DATE OF DEATH: Month 6 Day 22 Year 60
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 2-6-1904
9. AGE (last birthday): 56
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): Sgt.
10b. KIND OF BUSINESS OR INDUSTRY: Kansas City Police Dept.
11. BIRTHPLACE (City and state or country): Plattsburg Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Michael O'Connor
13b. MOTHER'S MAIDEN NAME: Hannah M. Quinn
14. NAME OF HUSBAND OR WIFE: Florence O'Connor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 701-03-9604
17. INFORMANT: Florence O'Connor Address: 4005 Kenwood

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 2-3 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Acute Coronary Occlusion — 3 hrs
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 6-22-60 to 6-22-60 and last saw ~~her~~ him alive on 6-22-60
Death occurred at 10:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Mary C. Colglazier, MD
22b. ADDRESS: 3317 E 43rd Kansas City Mo
22c. DATE SIGNED: 6-23-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-25-60
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City Missouri

24. FUNERAL DIRECTOR: Sheil Funeral Home K. C. Missouri ADDRESS
25. DATE REC'D. BY LOCAL REG.: 6-23-60
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Mary C. Colglazier DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4954

P. O. Address N.C. Mo.

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