

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5899-60-042109
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FILED VS. DEC 12 1960

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Primary Registration District No. 1002 Registrar's No.

STATE FILE NUMBER

NDED

DOCUMENT

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Length of stay in 1b Life		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION V.A. HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 417 WEST 34TH STREET	
3. NAME OF DECEASED (Type or print) First JOHN Middle FRANCIS Last LEAHY			4. DATE OF DEATH Month November Day 22 Year 1960			
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 11-9-93	9. AGE (last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance helper		10b. KIND OF BUSINESS OR INDUSTRY STEAMFITTER		11. BIRTHPLACE (City and state or country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME James Leahy		13b. MOTHER'S MAIDEN NAME Margaret Mulley		14. NAME OF HUSBAND OR WIFE Frances Leahy		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 495-20-9890		17. INFORMANT VA Hospital Official Rcds, K.C. Mo. Frances Leahy, 417 W. 34 St. Kansas City, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Pulmonary edema						
Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.		DUE TO (b) Peritonitis				
DUE TO (c) Post-operative status, laparotomy						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Diabetes mellitus					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 _____ 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 November 10, 1960 to November 22, 1960 Death occurred at 7:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>R. H. Owings, M.D.</i> (Degree or title)				22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 11-22-60 (State)
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV. 25, 1960		23c. NAME OF CEMETERY OR CREMATORY MT. ST. MARY'S CEMETERY		23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS		ADDRESS 1531 BRUSH CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 11-23-60		26. REGISTRAR'S SIGNATURE <i>H-L-Dwyer</i>

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Louis Duort

Licensed Embalmer No. 409

P. O. Address K.C. 2

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