URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 5 1960

-60-042191

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5651

NDED

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 3 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Franklin
c. CITY OR TOWN Wellsville — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt. # 2, — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Charles Middle W. Last O'Conner

4. DATE OF DEATH Month Nov. Day 7, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Mar. 21, 1888
9. AGE (last birthday) 72 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Paola, Kansas
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James William O'Conner
13b. MOTHER'S MAIDEN NAME Ella Cherry
14. NAME OF HUSBAND OR WIFE (Helen [illegible] O'Conner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Address Coughlin Funeral Home, Wellsville, Ks.

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 myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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 ☐
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 1959, to Nov 7 60 and last saw her/him alive on Nov 7 '60
Death occurred at 8:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. W. Robinson Mo.
22b. ADDRESS 4635 Wyandotte Kc Mo
22c. DATE SIGNED 11-8-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11-8-60
23c. NAME OF CEMETERY OR CREMATORY Wellsville
23d. LOCATION (City, town, or county) (State) Wellsville, Kansas

24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo.
25. DATE RECD. BY LOCAL REG. 11-9-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF A. W. Robinson

Ser [illegible]
Je-1-0552 1.30

**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 William M. Turn

Signature of Student Embalmer

Licensed Embalmer No. 464

P. O. Address Kansas City,

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