

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 19 1960

-50-045956

6130

STATE FILE NUMBER

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

NDED

Verified by certificate of naturalization # 619753
DOCUMENT # 619753
daughter
Geo. C. Kealhofer
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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) OR TOWN Kansas City		Length of stay in 1b 56 yrs.	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 39th & Bell Streets		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4219 Terrace Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Barney Middle - Last Byrne			4. DATE OF DEATH Month December Day 3 Year 1960
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, AGE (last birthday) 5-17-1884 76 75
9. IF UNDER 1 YEAR Months 7 Days 15		10. IF UNDER 24 HR Hours 75 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steamfitter (Retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kilcar, County Donegal
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Frank Byrne	
13b. MOTHER'S MAIDEN NAME Susan Murray		13c. NAME OF HUSBAND OR WIFE Delia Byrne	
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. 512-03-1022	17. INFORMANT Address Mrs. Mary C. Sullivan, 4219 Terrace, K.C. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Block & Hemorrhage resulting from crushing injury of chest & abdomen sustained by fall from roof of building Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fracture of ribs, rupture of diaphragm & laceration of lungs & spleen & multiple fractures of pelvis & femur DUE TO (c) Fracture of left ankle			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) was struck by a car	
20c. TIME OF INJURY Hour 5:10 Month, Day, Year 12-3-60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson Mo	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Geo. C. Kealhofer M.D. Deputy Coroner		22b. ADDRESS 6627 Brookside St E Mo	
22c. DATE SIGNED 12-6-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-6-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar Funeral Home, 20 W. Linwood, K.C. Mo		25. DATE RECD. BY LOCAL REG. 12-6-60	26. REGISTRAR'S SIGNATURE H. L. Dwyer

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 Wm. H. Gentry

Licensed Embalmer No. 5038

P. O. Address K. E. M.

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.