

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025407

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 3243

3243

STATE FILE NUMBER

LED JUL 20 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Jackson</u>	
Length of stay in 1b <u>3 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. STREET ADDRESS <u>6436 Agnes</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Stage-Starlight Theatre</u>				d. STREET ADDRESS (If outside, give location) <u>6436 Agnes</u>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>EDWARD</u>		Middle <u>EMMETT</u>		Last <u>O'CONNELL</u>		Month <u>6</u> Day <u>28</u> Year <u>1961</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-22-1888</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Scenic Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Starlight Theatre</u>		11. BIRTHPLACE (City and state or country) <u>Tiffin, Ohio</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Jerome O'Connell</u>			13b. MOTHER'S MAIDEN NAME <u>Cora Whiteman</u>		14. NAME OF HUSBAND OR WIFE <u>Mary L. O'Connell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				17. INFORMANT <u>Mary L. O'Connell-6436 Agnes, K.C., MO</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Immediately</u>			
DUE TO (b) <u>Coronary Heart Disease</u>				<u>1 yr.</u>			
DUE TO (c) <u>Arteriosclerosis -</u>				<u>7 yrs!</u>			
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.)			
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 <u>June 57</u> to <u>June 61</u> and last saw him alive on <u>6-21-61</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>James D. Dunleavy MD</u>				22b. ADDRESS <u>314 Wislizenus Bldg KC 9 MO</u>		22c. DATE SIGNED <u>6-29-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>6-30-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Tiffin</u>		23d. LOCATION (City, town, or county) <u>Ohio</u>		(State)
24. FUNERAL DIRECTOR <u>Melody-McGilley-Eylar</u>			ADDRESS <u>1800 E. Linwood</u>		25. DATE RECD. BY LOCAL REG. <u>6-29-61</u>		26. REGISTRAR'S SIGNATURE <u>Beth Long</u>

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

James D. Dunleavy

Dr. Dunleavy
St. Joseph
admitting d
12 ' o'clock.

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Gerald A. Burger

Licensed Embalmer No. 4763

P. O. Address K. C. Mo.

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.