MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

-61-028690

STATE FILE NUMBER

AMENDED

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 149

FILED SEP 11 1961

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: North Kansas City — Length of stay in Ib: (10 yrs.)
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: NKC Memorial Hosp., — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Platte
c. CITY OR TOWN: Parkville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route # 4 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: MRS. HELEN Middle: EMMA Last: ROONEY
4. DATE OF DEATH: Month: Sept. Day: 5, Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-2-1918
9. AGE (last birthday): 43
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): East St. Louis, Ill.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Ben Ozelis
13b. MOTHER'S MAIDEN NAME: Ella Schmidt
14. NAME OF HUSBAND OR WIFE: Thomas O.
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.:
17. INFORMANT: Thomas O. Rooney- Rte. #4, Parkville — Address

MEDICAL CERTIFICATION

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)	asphyxia	hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Acute bronchopneumonia	hours.
DUE TO (c)	Bronchial asthma	years.

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 D.O.A. Emerg. Room North Kansas City (Mo.) Hospital to and last saw her/him alive on Sept. 5, 1961 11 a.m. Death occurred at 11 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): O.S. Pate, M.D. / M.E. Powell, M.D.
22b. ADDRESS: Pioneer Bldg N. Kansas City, Mo.
22c. DATE SIGNED: Sept. 6, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-8-61
23c. NAME OF CEMETERY OR CREMATORY: Ressurection Cemetery
23d. LOCATION (City, town, county) (State): Kansas City No., Missouri

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar — ADDRESS: 1800 E. Linwood
25. DATE RECD. BY LOCAL REG.: 9-6-61
26. REGISTRAR'S SIGNATURE: Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Dr. Powell, pa
is to sign Dr.
signature when
comes to do pos

OCT 10 1961

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.