# ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-029471

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3883

FILED AUG 25 1961

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 35 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2333 BENTON — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First BERNARD Middle Last MALONEY
4. DATE OF DEATH Month 8-4- Day 61 Year

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH 7-31-1901
9. AGE (last birthday) 60 — 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) RETIRED PRINTER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) KANSAS
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME WILLAM T MALONEY
13b. MOTHER'S MAIDEN NAME MARY J COMNER'S
14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO — ECURITY NO.
17. INFORMANT Marie Maloney — Address 2333 Benton

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 CARDIAC DECOMPENSATION
DUE TO (b) ACUTE MYOCARDIAL INFARCTION
DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Marie
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 8-3-61, to 8-4-61 and last saw her/him alive on 8-4-61
Death occurred at 3:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Curtis U. Franklin Jr. M.D.
22b. ADDRESS 2701 E. 31st. Street, K.C. Mo.
22c. DATE SIGNED 8-4-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 8-4-61
23c. NAME OF CEMETERY OR CREMATORY HOLY CROSS
23d. LOCATION (City, town, or county) (State) PAOLA KANSAS

24. FUNERAL DIRECTOR MELLODY & McGILLEY & EYLAR — ADDRESS LINWOOD WOODBAND
25. DATE RECD. BY LOCAL REG. 8-4-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Curtis U. Franklin Jr. MEDICAL CERTIFICATION

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

5888

**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 James E. Kachlman

Licensed Embalmer No. MO-4573

P. O. Address_____

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.