

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037057

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4974 STATE FILE NUMBER

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 **45 years**  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Roanoke Nursing Home** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Mo.** b. COUNTY **Jackson**  
 c. CITY OR TOWN **Kansas City** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **3930 Troost Ave.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
**Patrick Edward McCaffrey**  
 4. DATE OF DEATH Month Day Year  
**Oct. 3, 1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **10-26-1884** 9. AGE (last birthday) **76 years** 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 Office Work** 10b. KIND OF BUSINESS OR INDUSTRY **Western Union** 11. BIRTHPLACE (City and state or country) **Ireland** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Patrick McCaffrey** 13b. MOTHER'S MAIDEN NAME **U.S.A.** 14. NAME OF HUSBAND OR WIFE **U.S.A.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT **Margaret O'Bryan 2204 West 97th** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Cerebral thrombosis** INTERVAL BETWEEN ONSET AND DEATH **6 months**  
 DUE TO (b) **Cerebral embolus** " "  
 DUE TO (c) **Arteriosclerotic Heart Disease: Aneurysm 5 mm.**  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Chronic osteomyelitis left leg**  
 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 **January 1, 1940** to **10-3-61** and last saw her alive on **10-3-61**.  
 Death occurred at **5:30 pm N. City Mo** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Arnold V. Attes** 22b. ADDRESS **4635 W. Gandy St. City Mo** 22c. DATE SIGNED **10-4-61**  
 23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Oct. 6, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Mt. St. Mary's** 23d. LOCATION (City, town, or county) (State) **Kansas City Mo.**

24. FUNERAL DIRECTOR ADDRESS **Thos. E. Quirk 701 East 63rd St.** 25. DATE RECD. BY LOCAL REG. **10-6-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

DOCUMENT

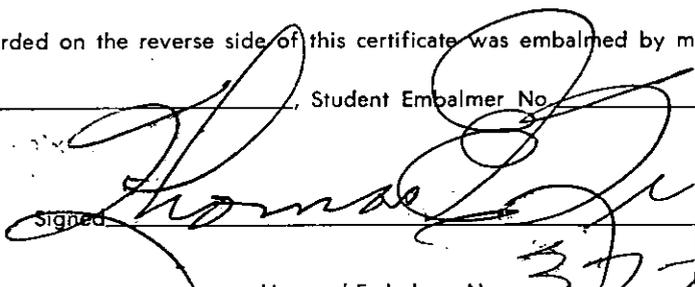
MEDICAL CERTIFICATION

BY AFFIDAVIT OF ARNOLD V. ATTES

**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 

Licensed Embalmer No. 377  
P. O. Address 907

**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.