

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038682

5150 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5150

FILED OCT 25 1962

VS 300
Rev. 4/59

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DATE AMENDED

11/9/62

11/9/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

6/5/04 & 58

DOCUMENT

SHOULD READ

6/5/1895 & 67

489-03-8151

BY AFFIDAVIT OF Informant

Leo F. Cooper

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 6 months	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 St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4801 Roanoke Pkwy Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle A. Last Egan			4. DATE OF DEATH Month October Day 10 , Year 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-5-1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Research Co.	11. BIRTHPLACE (City and state or country) Orange, N.J.
13a. FATHER'S NAME Thomas Egan		13b. MOTHER'S MAIDEN NAME McNeese	14. NAME OF HUSBAND OR WIFE Helen C. Egan
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.	17. INFORMANT Address John Egan 621 W. 58 St. K.C. Mo.
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEMORRHAGE due to RUPTURED AORTA DUE TO (b) Generalized Atherosclerosis DUE TO (c) _____ 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) Carcinoma of Sigmoid Colon; Bilateral Renal Cysts			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 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 April 1962 to 10-10-62 and last saw her/him alive on 10-10-62 Death occurred at 330 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Leo F. Cooper MD		22b. ADDRESS 1220 E. 31st K C Mo	22c. DATE SIGNED 10-11-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-11-1962	23c. NAME OF CEMETERY OR CREMATORY -	23d. LOCATION (City, town, or county) (State) East Orange N.J.
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar 20 W. Linwood K. C. Mo.		25. DATE RECD. BY LOCAL REG. 10-11-62	26. REGISTRAR'S SIGNATURE Arith Long

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Leo Cooper
St Joe Hospital

M.M.E.
HP PL-3-6200

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 Alford J. Richmond

Licensed Embalmer No. 5120

P. O. Address HC 11, MD.

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.