

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007215

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 93

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 11 1963

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP, only) <b>Independence</b>		Length of stay in 1b <b>47 yrs</b>	c. CITY OR TOWN <b>Independence</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2006 Vermont</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2006 Vermont</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>JAMES EMMETT MALONEY</b>			4. DATE OF DEATH Month Day Year <b>Feb. 24 1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>July 21-97</b>	9. AGE (last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lineman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Transit K. C. Transit Co.</b>	11. BIRTHPLACE (City and state or country) <b>Lebenon, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Michael Maloney</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Savage</b>		14. NAME OF HUSBAND OR WIFE <b>Mary J. Maloney</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mary J. Maloney, 2006 Vermont, Indp., Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Cornary Occlusion**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

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 <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.			
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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
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) <i>Melody McGilley-Eylar</i>	22b. ADDRESS <b>152 Main St. Kansas City, Missouri</b>	22c. DATE SIGNED <b>2-25-63</b>
23a. BURIAL CREMATION, REMOVE (Specify)	23b. DATE <b>Feb. 26, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>
		23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>

24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar Funeral Home</b>	25. DATE RECD. BY LOCAL REG. <b>2-26-63</b>	26. REGISTRAR'S SIGNATURE <i>Alta L. Craig</i>
---	--	---

Woodland-Linwood (Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
7005 27005	3/25/63	INSTEAD OF John O'Malley Sarah Gibbons 493-07-4380 DOCUMENT BY AFFIDAVIT OF informant MEDICAL CERTIFICATION
3	3/25/63	
4 0		
5 1		
6		
7 0		
8 2		
9420.1		
10		
1290-3		
131-0		
13a. Michael Maloney		
13b. Mary Savage		
16. 486-07-5455		

USE BLACK INK OR TYPEWRITER RIBBON

MAR 11 1963

MAR 13 1963

**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. Kachlana

Licensed Embalmer No. 4573

P. O. Address H C M

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.

MISSOURI