

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8556
State File No.
1089
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>27 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1102 Summitt St.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1102 Summitt</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Opia</u> b. (Middle) <u>May</u> c. (Last) <u>O'Connors</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 7 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 13 1901</u>	9. AGE (In years last birthday) <u>47</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			11. BIRTHPLACE (State or foreign country) <u>Coloma, Missouri</u>		

13a. FATHER'S NAME <u>George Singleton</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Little</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph E. O'Connors</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph E. O'Connors</u>	ADDRESS <u>K. Co. Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		DUE TO (b) <u>Adenocarcinoma of Cecum</u>		<u>2 days</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>153%</u>		<u>1 yr</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <u>Dec 11-48</u>	19b. MAJOR FINDINGS OF OPERATION <u>Primary Adenocarcinoma of Cecum</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 29, 1948, to Mar 7, 1949, that I last saw the deceased alive on Mar 7, 1949, and that death occurred at 8:25 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kayrol Simalla</u> (Degree or title) <u>D.O. 2</u>	23b. ADDRESS <u>2610 Troost K. C. Mo</u>	23c. DATE SIGNED <u>Mar 8-48</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>Mar 10-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>COLOMA CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>Coloma Mo</u>
DATE REC'D BY LOCAL REG. <u>3-9-49</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ms G. L. Foster</u> ADDRESS <u>K. Co. Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 18 1957

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed.....

Joni Clark

Licensed Embalmer No.

4216

P. O. Address:

A. C. Moore

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 this body is not embalmed, fact should be so stated above.