.S. No. 300
EV. 10.48

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FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33964

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4278

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 7 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESEARCH HOSPT.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LAFAYETTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEXINGTON
d. STREET ADDRESS (If rural, give location): X

54
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3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): J.
c. (Last): PENN

4. DATE OF DEATH (Month) (Day) (Year): OCT 4 49

5. SEX: M D
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: AUG 22-1885
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WATCHMAN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): FRANCE 5
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: UNKNOWN

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.: NO
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: FRANK PENN LEXINGTON, MO.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism

ANTECEDENT CAUSES — Gastro-enterostomy for

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Larg Carcinoma of Stomach

DUE TO (c) Carcinoma of Stomach

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

151X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 9/24/49
19b. MAJOR FINDINGS OF OPERATION: Inoperable Carcinoma of Stomach
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-17, 1949, *to* 10-4, 1949, *that I last saw the deceased alive on* 10-4, 1949, *and that death occurred at* 6:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE J. S. Cope (Degree or title): J. S. Cope M.D.
23b. ADDRESS: Kansas City Mo
23c. DATE SIGNED: 10/5/49

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 10-5-49
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): LEXINGTON, MO

DATE REC'D BY LOCAL REG.: 10-6-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: STINE & McCLURE K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 3 1949 NOV 17 1949

Prof. Reddy

MAR 28 1951

OCT 13 1950

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 .....
Student Embalmer

Signed S J Allen

Licensed Embalmer No. 1415

P. O. Address K Ohio

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.