

FILED MAY 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16675

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2111

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE BRITISH GUINEA b. COUNTY S. A.	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN GEORGETOWN 8990	
c. LENGTH OF STAY (in this place) 5 WKS		d. STREET ADDRESS (If rural, give location) 82 ROB STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL			

3. NAME OF DECEASED (Type or Print) SARAH	(First)	b. (Middle) CHAN	c. (Last)	4. DATE OF DEATH MAY 7 - 1950	(Month) (Day) (Year)
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5. SEX Female	6. COLOR OR RACE YELLOW	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 30 - 1898	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) BRITISH GUINEA 2	12. CITIZEN OF WHAT COUNTRY? SO. AMERICAN			

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME MARIE UNKNOWN	14. NAME OF HUSBAND OR WIFE RANDOLPH CHAN
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.C. CHAN - 5305 CHARLOTTE, K.C. Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 175X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the Pelvis DUE TO (c) Metastasis to the Brain		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. primary in right tube + ovary		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 4/26, 1950, to 5/7, 1950, that I last saw the deceased alive on 5/6, 1950, and that death occurred at 7:22 a. m., from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Yasso (Degree or title)	23b. ADDRESS 641 Benton K.C. Mo.	23c. DATE SIGNED 5/7/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 9 1950	24c. NAME OF CEMETERY OR CREMATORY GEORGETOWN	24d. LOCATION (City, town, or county) (State) BRITISH GUINEA
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DATE REC'D BY LOCAL REG. 5-8-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. H. Newcomer Sons, K.C. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Embalmer No.

Signed Bernard L. Moran

Signed.....
Student Embalmer

Licensed Embalmer No. 4250

P. O. Address A. C. 215

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.