

FILED NOV 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 37360

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>150</u> | | PRIMARY REG. DIST. NO. <u>4239</u> | | Registrar's No. <u>124</u> | |
| 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) <u>Lee's Summit, Mo.</u> | | c. LENGTH OF STAY (in this place) <u>14 Yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Lee's Summit, Mo.</u> | | <u>8481</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>418 So. Market St.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>418 South Market Street</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Elizabeth</u> | | a. (First) | | b. (Middle) | | c. (Last) <u>Newland</u> | |
| 4. DATE OF DEATH <u>8 11/8/1950</u> | | 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>7/22/1868</u> | | 9. AGE (In years last birthday) <u>82</u> | | 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) <u>Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Newark Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U S E</u> | |
| 13a. FATHER'S NAME <u>John Guy</u> | | 13b. MOTHER'S MAIDEN NAME ***** | | 14. NAME OF HUSBAND OR WIFE ***** | | | |
| 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 ADDRESS <u>Msr Mary Smith Lee's Summit Mo.</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca of Colon</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>14 mos</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | DUE TO (c) | | | | | |
| 19a. DATE OF OPERATION <u>10-4-49</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Reoperable Ca of Colon</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Reoperable Ca of Colon</u> | | 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 <u>8-10, 1949</u> to <u>8-8, 1950</u> , that I last saw the deceased alive on <u>11-7, 1950</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> | | | | 23b. ADDRESS <u>Lee's Summit, Mo.</u> | | 23c. DATE SIGNED <u>11-8-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>11/10/1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit Mo</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lee's Summit, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>11-10-1950</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>Lee's Summit Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 29 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

H. B. Langford

Licensed Embalmer No. 3833

P. O. Address Lee's Summit Mo.

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.