

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 23 1951

State File No. 12548

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1517

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 4 mo.		d. STREET ADDRESS (If rural, give location) 1828 Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Effie b. (Middle) J. c. (Last) Erickson			4. DATE OF DEATH (Month) (Day) (Year) April 6, 1951			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 28, 1892	9. AGE (In years last birthday) 59	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) Hotel Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Muehlebach Hotel		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles J. Myers		13b. MOTHER'S MAIDEN NAME Annie Van Denhuerk		14. NAME OF HUSBAND OR WIFE Gustav Erickson	
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. 496 01 3674		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. C. R. Myers, Brunswick, Missouri	

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) Carcinomatosis, general		DUE TO (b) Adenocarcinoma of ascending Colon			about 6 wks	
*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)			about 1 yr	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					15 ^{3x}	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION adenocarcinoma of colon, generalized Carcinomatosis of abdominal cavity.			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) m.		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 MAR 5, 1951, to APRIL 6, 1951, that I last saw the deceased alive on APRIL 6, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE C. A. Povlovich (Degree or title) D.O.		23b. ADDRESS 25 E 12th St. KC 6 Mo		23c. DATE SIGNED 4-7-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 4-6-51		24c. NAME OF CEMETERY OR CREMATORY Brunswick, Missouri	

DATE REC'D BY LOCAL REG. 4-7-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MCCLURE UND. CO. KANSAS CITY, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten notes in the top right corner, including "Handwritten", "D. O. -", and "19th + Washington".

MAY 4 1953

APR 23 1953

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..... *J. Butler*

Signed.....
Student Embalmer

Licensed Embalmer No. *4664*

P. O. Address *K. C. 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.