V.S. No. 300
Rev. 10.48

FILED OCT 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31595

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4081

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

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) 2 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Osteopathic Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond
d. STREET ADDRESS (If rural, give location) 132 Grandview

3. NAME OF DECEASED (Type or Print) a. (First) HAZEL b. (Middle) KIRK c. (Last) EMLEY

4. DATE OF DEATH (Month) (Day) (Year) Sept 16-1952

5. SEX 4 1
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed. 2
8. DATE OF BIRTH Aug. 7 1888
9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months 1 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Richmond Mo.
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Clayton B. Thompson
13b. MOTHER'S MAIDEN NAME Mary E. Correll
14. NAME OF HUSBAND OR WIFE Herman L. Emley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS H. L. Emley, Richmond, 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) Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malaganey of Lang.
DUE TO (c) Adenocarcinoma of pelvic.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Primary probably cancer of uterus Pulmonary Embolus.

INTERVAL BETWEEN ONSET AND DEATH

171X

19a. DATE OF OPERATION 9/5/52
19b. MAJOR FINDINGS OF OPERATION Adeno Carcinoma of pelvic & Abd. viscera
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* 8/31/52 19__, *to* 9/15/52 19__, *that I last saw the deceased* ✓ *alive on* 5 pm 9/15/52 *and that death occurred at* 3:15 pm., *from the causes and on the date stated above.*

23a. SIGNATURE A. A. Choquette (Degree or title) A. A. Choquette D.O. 2
23b. ADDRESS 11 & Harrison.
23c. DATE SIGNED 9/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4
24b. DATE 9-16-52
24c. NAME OF CEMETERY OR CREMATORY Sunny Hope Cemetery
24d. LOCATION (City, town, or county) (State) Richmond Mo.

DATE REC'D BY LOCAL REG. 9-16-52
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas J. Carter - Richmond, Mo

(Licensed Embalmer's Statement on Reverse Side)

1444

U.S. MAR 2 1962

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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond Va.

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.