

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38669

State File No.

FILED DEC 13 1952

5232

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

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 town) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>34 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>4011 OAK STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>IRENE</u>	b. (Middle) <u>L.</u>	c. (Last) <u>GARWOOD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 29. 1952</u>
--	-----------------------	--------------------------	---

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>AUG-31-1896</u>	9. AGE (In years last birthday) <u>55</u>	10. UNDER 1 YEAR Months <u>55</u>	11. UNDER 18 HRS. Hours <u>78</u> Min. <u>178</u>
----------------------	-------------------------------	---	-------------------------------------	---	-----------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>EMPLOYEE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>WESTERN UNION TELEGRAPH COMPANY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MINNEAPOLIS MINNESOTA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	--

13a. FATHER'S NAME <u>MURRAY GARWOOD</u>	13b. MOTHER'S MAIDEN NAME <u>ADA LUNDY</u>	14. NAME OF HUSBAND OR WIFE _____
--	--	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-10-3170</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. H. L. BALDWIN</u>	ADDRESS <u>4006-15TH ST. N.E. SEATTLE WASH.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma left breast</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1951</u>
	ANTECEDENT CAUSES <u>Essential bone metastases</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to lumber osteoma, pelvis, ribs</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>170X</u>

19a. DATE OF OPERATION <u>3/10/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adm. carcinoma left breast</u>	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 Feb., 1949 to Nov 29, 1952, that I last saw the deceased alive on Nov 29, 19, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. G. Williams</u>	23b. ADDRESS <u>1103 Grand Ave</u>	23c. DATE SIGNED <u>12/1/52</u>
--------------------------------------	------------------------------------	---------------------------------

24a. BUREAU OF CREMATION, REMOVAL (Specify) <u>REMOVALS</u>	24b. DATE <u>DEC-1-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAKEWOOD CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MINNEAPOLIS MINNESOTA</u>
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>12-1-52</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u>	ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>
---	---	---	--

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

JAN 7 1953

8130
70-00024

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 _____

Chester Brown

Student Embalmer No. 476

working under my personal supervision.

Student *Chester Brown*

Student Embalmer

Signed

Edward M. Stary

Licensed Embalmer No. 4452

P. O. Address *K.C. 4 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.