

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21459

State File No. _____

2753

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 township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas city</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>301 W. Armour Blvd.</u> <u>3488</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lavinia</u> (Middle) <u>(Binnie)</u> c. (Last) <u>Lucinda Adams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 29 1953</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>Jan 2, 1892</u>	9. AGE (In years last birthday) <u>61</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Operator</u>		10b. KIND OF BUSINESS OR TRADING INDUSTRY <u>K C Board of Trade</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Independence, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>TSADORE P. ADAMS</u>	13b. MOTHER'S MAIDEN NAME <u>Stella HEMSTREET</u>	14. NAME OF HUSBAND/OR WIFE <u>None</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-03-8238</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Stella Adams</u> ADDRESS <u>4334 Euclid Ave Kansas City, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EDEMA (Fat Embolism?)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 MIN.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Past-operative Radical Mastectomy</u>		<u>2 days.</u>	
		DUE TO (c) <u>Carcinoma - R. Breast</u>		<u>4 weeks.</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>5/27/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA - R. BREAST - Radical Mastectomy</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?
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22. I hereby certify that I attended the deceased from 10/49, to 5/29, 1953, that I last saw the deceased alive on 5/29, 1953, and that death occurred at 3:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Deputy or Title) <u>P. L. Byers P. R. Byers M.D.</u>	23b. ADDRESS <u>4635 W. Gaudette, N.C. 2, Mo.</u>	23c. DATE SIGNED <u>6/1/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>JUNE 1, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>6-1-53</u>	REGISTRAR'S SIGNATURE <u>Sheildine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Herbert A. Jones*

Licensed Embalmer No. *4921*

P. O. Address *4125 Paseo*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.