

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36017

State File No. ....

FILED NOV 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5091

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>Caldwell</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>Kidder</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>4 Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>508 E 70th St Terrace</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u>	b. (Middle) <u>M</u>	c. (Last) <u>NICHOLS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 24 53</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 11 1884</u>
9. AGE (In years last birthday) <u>69</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>J.W. McCrory</u>	13b. MOTHER'S MAIDEN NAME <u>Walker</u>	14. NAME OF HUSBAND OR WIFE <u>T.H. Nichols</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>193-18-9075</u>	17. INFORMANT'S SIGNATURE OR NAME <u>T.H. Nichols</u>	ADDRESS <u>508 E 70th Terrace</u>
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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) <u>acute myocardial failure</u>		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>metastatic carcinoma</u>		
		DUE TO (c) <u>carcinoma of pancreas</u>		
II. OTHER SIGNIFICANT CONDITIONS.		Conditions contributing to the death but not related to the disease or condition causing death.		<u>157X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Sept. --, 1953 to 10-24, 1953, that I last saw the deceased alive on 10-20, 1953 and that death occurred at 10:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles Z. Fazio</u> (Degree or title)	23b. ADDRESS <u>D.O. 243 Independence</u>	23c. DATE SIGNED <u>10-25-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>10-27-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kidder Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Hamilton, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-25-53</u>	REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE &amp; MC CLURE</u>	ADDRESS <u>KANSAS CITY, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

7/11/6075

**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

*Eugene L. Kummer*

Licensed Embalmer No. 4633

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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