

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1280**
Registrar's No. **328**

BIRTH NO. FILED FEB 4 1954		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 328	
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. LENGTH OF STAY (In this place) About 16 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2				e. STREET ADDRESS 1215 Woodland Avenue 3258 D			
3. NAME OF DECEASED (Type or Print) a. (First) Minnie			b. (Middle) Mosley			c. (Last) Donnell	
4. DATE OF DEATH (Month) 1 (Day) 18 (Year) 1954		5. SEX 3 Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	
8. DATE OF BIRTH May 15, 1907		9. AGE (In years last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Power Machine Operator-Rose Garment		11. BIRTHPLACE (City and State or Foreign Country) Clarendon, Ark. 1	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Dan Bigum		13b. MOTHER'S MAIDEN NAME Mattie Williams		14. NAME OF HUSBAND OR WIFE Odell Donnell	
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. 490-16-5852		17. INFORMANT'S SIGNATURE OR NAME Odell Donnell- 740 Muncie City, Kan			
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) Metastatic carcinoma of the liver, lung, & adrenal & abdominal nodes. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary site sigmoid DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1537	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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?			
22. I hereby certify that I attended the deceased from 12-15-53, 19, to 1-18-54, 19, that I last saw the deceased alive on 1-18-54, 19, and that death occurred at 2:45 P. m., from the causes and on the date stated above.							
23a. SIGNATURE E. Frank Ellis MD				23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 1-20-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/23/54		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 1-21-54		REGISTRAR'S SIGNATURE Geraldine Smith		FUNERAL DIRECTOR'S SIGNATURE E. Sterling Bille		ADDRESS 1217 Vine St. K.C. Mo.	

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 *E. Sterling*.....

Licensed Embalmer No. *31*.....

P. O. Address *1212*.....

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.