

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8583**

FILED MAR 18 1954

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **880**

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. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 25 yrs.		e. STREET ADDRESS (If rural, give location) Amour Home-8100 Wornall Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Amour Home-8100 Wornall Rd.			
3. NAME OF DECEASED (Type or Print) a. (First) FRANCES		b. (Middle) PRESTON	
		c. (Last) DANIELS	
		4. DATE OF DEATH Feb. 25, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 12, 1870
		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days
		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired - at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri
			12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Edgar Barton McDill		13b. MOTHER'S MAIDEN NAME Frances Helen Preston	14. NAME OF HUSBAND OR WIFE Fenton Daniels
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME Eliz. R. Schreiber, 8100 Wornall Rd., K.C.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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Carcinomatosis DUE TO (c) Ca. of Ovary II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH 3 days 2 years 7 yrs	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 1, 1951 , to Feb 23, 1954 , that I last saw the deceased alive on Feb 23, 1954 ; and that death occurred at 8:43 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Charles E. Lee (Degree or title) MD		23b. ADDRESS 174 Plaza Jews Bldg K.C.MO.	23c. DATE SIGNED 2-26-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremaion	24b. DATE 2-27-54	24c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. 2-26-54	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO. ADDRESS K.C.MO.	

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

Mr. Chester Lee
174 Plaza Time Bldg.
Jr. 2116

TOD 8:15

In at 1:00 to 3:30

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 *F. S. Watson*.....

Licensed Embalmer No. *27*.....

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.