

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15873

State File No.

FILED MAY 18 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1984

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) <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 checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>22yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>119 105 East 33rd. Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>105 East 33rd. Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jane</u>		b. (Middle)	c. (Last) <u>Ford.</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 26, 1898</u>	
9. AGE (In years last birthday) <u>55</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
11. IF UNDER 24 HRS. Hours <u>0</u> Min.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BEAUTICIAN-OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>JANE FORD BRADY SHOP - KIDDE BLDG NEAR COLMAN, MISSOURI</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>NEAR COLMAN, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHARLES THORNTON</u>		13b. MOTHER'S MAIDEN NAME <u>ISABELLE GRIGGS</u>	
14. NAME OF HUSBAND OR WIFE <u>CHARLES FORD</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JAMES GARRETT - KANSAS CITY, MISSOURI</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyelonephritis Rt. Lt. non functioning kidney</u> DUE TO (c) <u>Carcinoma of cervix</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Pelvic exenteration - showing local spread of CA</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) (Min.)		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 <u>JANUARY 1954</u> to <u>APRIL 30, 1954</u> , that I last saw the deceased alive on <u>APRIL 29, 1954</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Sanford Simon</u>		23b. ADDRESS <u>609 Professional Bldg. N.E. Mo. 5-7-54</u>	
23c. DATE SIGNED <u>MD</u>		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 3, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>FOREST Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-3-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. Newcomer Sons</u>		ADDRESS <u>1351 BRUSH CREEK KANSAS CITY MO</u>	

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 *Robert J. Boyer*.....

Licensed Embalmer No. *48*.....

P. O. Address *KC 10, 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.