

FILED JUN 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15906**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2138**

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) KANSAS CITY	c. LENGTH OF STAY (in this place) 30 yr	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 RESEARCH HOSPITAL			
e. STREET ADDRESS 500 CYPRESS		f. (If rural, give location) 3088	

3. NAME OF DECEASED a. (First) NELLIE		b. (Middle) -----		c. (Last) HAMBLIN		4. DATE OF DEATH (Month) MAY (Day) 11 (Year) 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 1, 1904		9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months - Days -	IF UNDER 28 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) IOLA, KANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME HUGH McLAUGHLIN		13b. MOTHER'S MAIDEN NAME STELLA		14. NAME OF HUSBAND OR WIFE HARRY H. HAMBLIN	
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. *****		17. INFORMANT'S SIGNATURE OR NAME HARRY H. HAMBLIN ADDRESS 500 CYPRESS	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 3 mo.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Ovarian Carcinoma (Bilateral)		6-9 mo.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		None		175X	

19a. DATE OF OPERATION 12/7/53		19b. MAJOR FINDINGS OF OPERATION Extensive Carcinoma in Pelvis Primary in Rt. Ovary		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)		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 **11/27, 1953**, to **5/11, 1954**, that I last saw the deceased alive on **5/11, 1954**, and that death occurred at **2:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. A. Wilkinson (Degree or title)		23b. ADDRESS 1332 Professional Bldg		23c. DATE SIGNED 5/11/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAY 13, 1954		24c. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEMETERY	
				24d. LOCATION (City, town, or county) (State) ST. JOSEPH, MISSOURI	

DATE REC'D BY LOCAL REG. 5-12-54		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE C. H. Blackman & Son Inc. ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

H. C. Mc...

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 *W.C. Rivine*.....

Licensed Embalmer No. *482*

P. O. Address *N.C., M.*

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.