

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2717**

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) 14m.	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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION LAKESIDE HOSPITAL			
e. STREET ADDRESS 406 WEST-17TH STREET		3248	

3. NAME OF DECEASED (Type or Print) a. (First) VELVA b. (Middle) LA VERN c. (Last) DETMER	4. DATE OF DEATH (Month) (Day) (Year) JUNE-17-1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED DIVORCED	8. DATE OF BIRTH JULY-12-1916	9. AGE (In years last birthday) 37 # UNDER 1 YEAR Months _____ Days _____ # UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STAMPER	10b. KIND OF BUSINESS OR INDUSTRY MAIL ORDER INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) FRANKLIN COUNTY KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME ELMER TWYMAN	13b. MOTHER'S MAIDEN NAME CLARA KEELE	14. NAME OF HUSBAND OR WIFE —
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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) No	16. SOCIAL SECURITY NO. 491-20-4657	17. INFORMANT'S SIGNATURE OR NAME ELMER TWYMAN	ADDRESS SEDALIA, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia		24 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pelvic Peritonitis and Bilateral Septicemia Pyosalpingites 2 wks		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. tubal ovarian abscess (P. coli) Uremia			48 hrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)	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 6/13, 1954 to 6/17, 1954, that I last saw the deceased alive on 6/17, 1954, and that death occurred at 12:47 p.m., from the causes and on the date stated above.

23a. SIGNATURE A. J. Milazzo (Degree or title) D.O.	23b. ADDRESS 1811 Cummins KCKan	23c. DATE SIGNED 6/17/54
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24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL	24b. DATE JUNE-17-1954	24c. NAME OF CEMETERY OR CREMATORY —	24d. LOCATION (City, town, or county) (State) SEDALIA, MISSOURI
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DATE REC'D BY LOCAL REG. 6-17-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D. N. Newcomer	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 9 1955

Dr 7804

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 *Chester K Brown*

Licensed Embalmer No. 49

P. O. Address *KC Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.