

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27057

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 3702

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	
c. LENGTH OF STAY (in this place) 2 HRS.		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 LAKE SIDE OSTEOPATHIC Hosp. 92			
e. STREET ADDRESS (If rural, give location) 7225 WASHINGTON STREET 3428			

3. NAME OF DECEASED (Type or Print) a. (First) KATHARINE HARRIET b. (Middle) BIRREL c. (Last) BIRREL			4. DATE OF DEATH (Month) (Day) (Year) 7 27 1954		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH NOV. 8, 1885		9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR Days 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY HOTEL		11. BIRTHPLACE (City and State or Foreign Country) DETROIT, MICHIGAN U.S.A.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME RALPH SAMUEL BIRREL		13b. MOTHER'S MAIDEN NAME HARRIET SOPHIA BIGGS		14. NAME OF HUSBAND OR WIFE -	
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. 492-38-5620		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILFRED J. BIRRELL, 3112 W. 89th ST	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ADENOCARCINOMA OF RECTUM			154h	
		ANTECEDENT CAUSES				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) AURICULAR FIBRILLATION DUE TO (c) MYOCARDIAL DECOMPENSATION				
		II. OTHER SIGNIFICANT CONDITIONS				
		Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION 7-14-54		19b. MAJOR FINDINGS OF OPERATION ADENOCARCINOMA OF RECTUM METASTASIS TO SIGMOID			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) 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 10:45 a.m. to 7:27 p.m., 1954, that I last saw the deceased alive on 7-27-54, and that death occurred at 12 Noon, from the causes and on the date stated above.

23a. SIGNATURE Chas. A. Schwab (Degree or title) D.O.		23b. ADDRESS Overland Park, Kansas		23c. DATE SIGNED 7-27-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 29, 1954		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 7-29-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Newcomer		ADDRESS 1331-BROOK CREEK KANSAS CITY, MO	

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

MA 3535-

7-31-06

AUG 30 1958

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 *Edward M. Stone*

Licensed Embalmer No. *44*

P. O. Address *H. C. 10*

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.