

FILED JAN 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. **43321**
6016

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1007 Registrar's No. _____

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) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>2 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>915 BENTON BLVD.</u>		STREET ADDRESS (If rural, give location) <u>915 BENTON BLVD.</u> 3188	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>IDA</u>	b. (Middle) <u>EVA</u>	c. (Last) <u>SELLS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 31, 1954</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV-5-1876</u>	9. AGE (In years last birthday) <u>78</u>	if UNDER 1 YEAR Months Days	if UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>GRAYSON SPRINGS MISSOURI - U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>J. H. BUTCHER</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH JOHNSON</u>	14. NAME OF HUSBAND OR WIFE <u>EDWIN H. HILL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>EDWIN H. HILL</u>	ADDRESS <u>915 BENTON BLVD. KANSAS CITY, MO.</u>
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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, ashenia, 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) <u>General Dehydration + Malnutrition</u>		<u>6 mos.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Carcinomatosis</u> DUE TO (c) <u>Mixed Tumor, Cylindroma, Malignant</u>		<u>1 year</u> <u>? 50 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Primary site - oral pharynx</u>			<u>14 1/2</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Massive Tumor involving Palat. Oral, Medullary Areas.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 2-26, 1953, to Dec. 18, 1954, that I last saw the deceased alive on Dec. 18, 1954, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Terry E. Lilly Jr.</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>915 Argyle Bldg.</u>	23c. DATE SIGNED <u>12/31/54</u>
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24a. POSTAL CREMATION (REMOVAL) <u>REMOVAL</u>	24b. DATE <u>DEC. 31, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT RIDGE CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ALDRICH MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>12-31-54</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. N. Newcomer</u> ADDRESS <u>1331 South Canal KANSAS CITY, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

not

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.