

12182

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 16 1955

1735

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>KANSAS</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>MISSION</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		STREET ADDRESS (If rural, give location) <u>5711 RIGGS ROAD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. LUKE'S HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>H</u>	c. (Last) <u>STONE STREET</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 17 1955</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>NOVEMBER 4, 1896</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ASSISTANT OFFICE MANAGER - GYMNASTIC</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>LAWRENCE, KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Howard</u>	MOTHER'S MAIDEN NAME <u>CLARA NORWINE</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM M. STONE STREET</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>486-09-1257</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm M. Stone Street</u>	ADDRESS <u>MISSION RD. KANS.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of abdomen</u>		INTERVAL BETWEEN ONSET AND DEATH <u>151X</u>
	ANTECEDENT CAUSES Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of stomach</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of stomach with metastasis</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) (m.)	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 7:00, 1955, to Apr 16, 1955, that I last saw the deceased alive on Apr 15, 1955 and that death occurred at 8:15 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. B. Schutz</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>320 N 4th St. Lebo</u>	23c. DATE SIGNED <u>4/18/55</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>April 20, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LAWRENCE KANSAS</u>
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DATE REC'D BY LOCAL REG. <u>4-19-55</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Newcomer</u>	ADDRESS <u>Lawrence, Kansas Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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.....

Licensed Embalmer No. *2184*

P. O. Address *N.C. 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.