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FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30059

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginville I wk.		c. CITY OR TOWN Mission	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 W. 27th Terrace		STREET ADDRESS (If rural, give location) 5215 Juniper Drive	

3. NAME OF DECEASED (Type or Print) a. (First) Margorie b. (Middle) Brannock c. (Last) Wollaston			4. DATE OF DEATH (Month) (Day) (Year) 9 20 55		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 11, 1917	9. AGE (In years last birthday) Months 38 2 9	IF UNDER 1 YEAR Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Mayview, Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME M. C. Brannock	13b. MOTHER'S MAIDEN NAME Effie Bedsaul	14. NAME OF HUSBAND OR WIFE John Wollaston	Mission Kansas
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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. 497-14-0977	17. INFORMANT'S SIGNATURE OR NAME John Wollaston	ADDRESS Mission, Kans.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus		INTERVAL BETWEEN ONSET AND DEATH 8 hrs.
	ANTECEDENT CAUSES DUE TO (b) Generalized metastases 3 mos.		
	DUE TO (c) Melanoma, malignant of back		
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 190X	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)
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 **9/17 1955**, to **9/20 1955**, that I last saw the deceased alive on **9/20 1955**, and that death occurred at **9:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE John B. Best	(Degree or title) M. D.	23b. ADDRESS Higginville, Mo.	23c. DATE SIGNED 9/20/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-23-55	24c. NAME OF CEMETERY OR CREMATORY Odessa	24d. LOCATION (City, town, or county) (State) Odessa, Missouri
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DATE REC'D BY LOCAL REG. Sept. 21-1955	REGISTRAR'S SIGNATURE Clayton H. Landrum	25. FUNERAL DIRECTOR'S SIGNATURE Forrest L. Hoyle	ADDRESS Hoyle 9. Home, Kansas Higginville, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

9961 2 NOV

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 *Forrest A. Hoyle*

Licensed Embalmer No. *435*

P. O. Address *Highway 11*

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.

Forrest A. Hoyle