

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16281**

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1933	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give town(ship)) Kansas City		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 33 yrs.		d. FULL NAME OF HOSPITAL OR INSTITUTION 917 West 33rd Terr.		e. STREET ADDRESS (If rural, give location) 917 West 33rd Terr. 34680			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) Mary		b. (Middle) Ann		c. (Last) Cauley		(Month) May (Day) 1 (Year) 1956	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH March 7, 1876	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Rushville, Indiana	
11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Patrick Kelly		13b. MOTHER'S MAIDEN NAME Bridget Moran	
13c. NAME OF HUSBAND OR WIFE Thomas S. Cauley		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. none	
17. INFORMANT'S SIGNATURE OR NAME John R. Cauley-917 W. 33rd Terr. K.C.Mo.		17. INFORMANT'S SIGNATURE OR NAME		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS John R. Cauley-917 W. 33rd Terr. K.C.Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Rt Breast, metastases to Liver				INTERVAL BETWEEN ONSET AND DEATH 6 mo			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 11-5-56				19b. MAJOR FINDINGS OF OPERATION Carcinoma Rt Breast with metastases			
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)		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 11-4 , 19 55 , to 5-1 , 19 56 , that I last saw the deceased alive on 5-1 , 19 56 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Walton C. Ingham (Degree or title) MD				23b. ADDRESS 241 Plaza Twin Bldg KC, Mo		23c. DATE SIGNED 5-2-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-4-56		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 5-4-56		REGISTRAR'S SIGNATURE Neva Minchall		25. FUNERAL DIRECTOR'S SIGNATURE QUIRK & TOBIN-20 W. Linwood, K.C.Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *James P. McCallery*.....

Licensed Embalmer No. *481*.....

P. O. Address *KC*.....

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.