

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16305

State File No.

1916

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1916</u>			
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) <u>Kansas City</u>			c. LENGTH OF STAY (in this place) <u>7 yes.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>15 East Concord Street</u>				STREET ADDRESS (If rural, give location) <u>15 East Concord Street</u>				<u>37480</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>			b. (Middle) <u>Allison</u>		c. (Last) <u>Crane</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>August 6, 1885</u>		9. AGE (to years last birthday) <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Versailles, Kentucky</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Campbell James</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Todd George</u>			14. NAME OF HUSBAND OR WIFE <u>Fred W. Crane</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred Crane</u>		ADDRESS <u>15 East Concord St.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>carcinoma left ovary with generalized metastases</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>carcinoma left ovary with generalized metastases</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>175T</u>	
19a. DATE OF OPERATION <u>9-14-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>adenocarcinoma (lymph node biopsy)</u>						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) (Min.)		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 <u>9-30, 1956</u> , to <u>5-1, 1956</u> , that I last saw the deceased alive on <u>9-30, 1956</u> , and that death occurred at <u>2:25 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. R. McVay M.D.</u> (Degree or title)				23b. ADDRESS <u>814 W. W. Blvd</u>			23c. DATE SIGNED <u>5-2-56</u>		
24a. BURIAL (CREMATION REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>May 3, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lees Summit</u>		24d. LOCATION (City, town, or county) (State) <u>Lees Summit, Jackson, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>5-3-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stine & McClure Und. Co. K.C. Missouri</u>					

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

Dr. James R. McVay Jr.
Carter Bldg (33rd & Broadway)
Apt 1-5800.

11:00 am 11:30 - 5/2

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.....
Elmer D. Tipton

Licensed Embalmer No. 481

P. O. Address Kansas City

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.