

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30628
STATE FILE NUMBER

FILED OCT 3 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4134

Health, Welfare Public Service
300 1-56
All symptoms will be listed. All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | |
|---|----------------------------------|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <i>Jackson</i> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <i>Kansas City</i> | | 3938 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Luke's Hospital</i> | | | Length of stay in lb <i>16 YEARS</i> | | d. STREET ADDRESS (If outside, give location) <i>7901 W. Windsor St.</i> |
| 3. NAME OF DECEASED (Type or print) First <i>Mitchell</i> Middle <i>B</i> Last <i>CAWOOD</i> | | | 4. DATE OF DEATH Month <i>September</i> Day <i>19</i> Year <i>1956</i> | | |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <i>April 12, 1883</i> | 9. AGE (In years last birthday) <i>73</i> | IF UNDER 1 YEAR IF UNDER 24 HRS. Month Day Hour Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>FARMING</i> | 11. BIRTHPLACE (City and state or country) <i>Claiborne Station Tennessee</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> |
| 13. FATHER'S NAME <i>STEPHEN CAWOOD</i> | | | 14. MOTHER'S MAIDEN NAME <i>MARY MOSS</i> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>490-16-6773</i> | 17. INFORMANT Address <i>JOHNA. CAWOOD 7524 MCGEE STREET KANSAS CITY, MO.</i> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia Uremia</i> | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | DUE TO (b) <i>Carcinoma of the Bladder</i> |
| DUE TO (c) | | | | | <i>1817</i> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE |
| 21. I attended the deceased from <i>March 9, 1956 to 9-19-56</i> and last saw her/him alive on <i>9-19-56</i> Death occurred at <i>10:25 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>Irwin S. Brown</i> (Degree or title) <i>0</i> | | | 22b. ADDRESS <i>411 Michael Rd KCMO</i> | | 22c. DATE SIGNED <i>9-21-56</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | |
| <i>CREMATION</i> | <i>SEPT 21-1956</i> | <i>D.W. NEWCOMER'S SONS</i> | | <i>KANSAS CITY MISSOURI</i> | |
| 24. FUNERAL DIRECTOR ADDRESS <i>D.W. NEWCOMER'S SONS K.C. MO</i> | | 25. DATE RECD. BY LOCAL REG. <i>9-22-56</i> | | 26. REGISTRAR'S SIGNATURE <i>Nevar Marshall</i> | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Raymond M. Hardy

Licensed Embalmer No. *491*

P. O. Address *Indep.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.