Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 30693

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3898

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City 0 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center — Length of stay in Ib 18 YEARS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson 3518
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 3725 Locust (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Mary — Middle A. — Last Field

4. DATE OF DEATH Month Sept. Day -3, Year - 1956

5. SEX Female

6. COLOR OR RACE Wh

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH Feb. 23, 1871

9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Kirkwood Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Horatio abbey

14. MOTHER'S MAIDEN NAME Mary Burtney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) - - -

16. SOCIAL SECURITY NO. NONE

17. INFORMANT MRS. ALICE EMMA BORDERS — Address 3726 LOCUST STREET KANSAS CITY MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) MASSIVE GASTROINTESINAL HEMORRHAGE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ESophagEal VARICES.
DUE TO (c) Cirrhosis of LIVER

INTERVAL BETWEEN ONSET AND DEATH: 581 D

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 ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1953, to 9-3-56 and last saw her ~~him~~ alive on 9-3-56
Death occurred at ——— m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. L. Friedman (Degree or title) D

22b. ADDRESS 701 E. 63

22c. DATE SIGNED 9-4-56

23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION

23b. DATE Sept 5, 1956

23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMERS SONS

23d. LOCATION (City, town, or county) (State) KANSAS City, MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS — ADDRESS 1331 BRUSH CREEK BLVD KC. MO.

25. DATE RECD. BY LOCAL REG. 9-5-56

26. REGISTRAR'S SIGNATURE Neva Marshall

(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 Basil Honey

Licensed Embalmer No. 4

P. O. Address K.C.,

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.