

FILED NOV 15 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33958

STATE FILE NUMBER

4689

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

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution) a. STATE <i>Mo</i> b. COUNTY <i>Platte</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>Parkville</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL <i>St Marys</i>			Length of stay in lb <i>5 da</i>		d. STREET ADDRESS <i>Rt. 4 - Bx. 299</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <i>Karen Louise Ferry</i>				4. DATE OF DEATH <i>Oct. 29-1956</i>					
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>June 25-1925</i>		9. AGE (In years last birthday) <i>31</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>home</i>		11. BIRTHPLACE (City and state or country) <i>Milwaukee, Wis.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>			
13. FATHER'S NAME <i>Russell Niederkorn</i>				14. MOTHER'S MAIDEN NAME <i>Linda Gothe</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If years, years or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>Found yet.</i>		17. INFORMANT <i>Oscar Ferry</i> Address <i>Rt 4 - Bx 299 Parkville, 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>Metastata Cancer of the Breast</i>								INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Stress Anemia</i>		DUE TO (c)		3 months			
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 . . . . . 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>1953</i> to <i>10-29-1956</i> and last saw her <i>him</i> alive on <i>Oct 28, 1956</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Bernard L. Mullins MD</i>				22b. ADDRESS <i>1806 Swift St. No. KC 16 Mo</i>				22c. DATE SIGNED <i>10-29-56</i>	
23a. Burial, entombment, removal (Specify)		23b. DATE <i>Oct 30-56</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Walnut Grove</i>		23d. LOCATION (City, town, or county) (State) <i>Parkville Mo</i>			
24. FUNERAL DIRECTOR <i>Leland K. Francis - Parkville</i>			ADDRESS		25. DATE RECD. BY LOCAL REG. <i>10-30-56</i>		26. REGISTRAR'S SIGNATURE <i>Neira Marshall</i>		

MAR 15 1957

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 *L. H. Francis*.....

Licensed Embalmer No. *340*.....

P. O. Address *Partiall*.....

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.