

Decease in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34380

FILED NOV 9 - 1956

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 481

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence</u>		d. STREET ADDRESS (If outside, give location) <u>11444 E. 15th St.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sanitarium</u>		Length of stay in lb <u>16 days</u>		e. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Dollie</u>		Middle <u>E.</u>		Last <u>Morris</u>		Month Day Year <u>Nov. 2, 1956</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 23, 1956</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>		11. BIRTHPLACE (City and state or country) <u>Cass Co. Mo.</u>		9. AGE (In years last birthday) <u>65</u>	
13. FATHER'S NAME <u>Wm. H. Courtney</u>				14. MOTHER'S MAIDEN NAME <u>Nancy E. Calvin</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Frank B. Morris, Independence, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intestinal obstruction</u>						<u>3 wks.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>metastatic carcinoma of abdomen</u> <u>9 months</u>	
						DUE TO (c) <u>Carcinoma of ovary</u> <u>1 year</u>	
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.) <u>175x</u>	
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 <u>February 1956</u> to <u>November 1, 1956</u> and last saw <u>her</u> alive on <u>330 pm 11-56</u> Death occurred at <u>6:10A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>James E. McConchie M.D.</u>				22b. ADDRESS <u>10901 Wanda Rd Independence Mo</u>		22c. DATE SIGNED <u>11-2-56</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/5/56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Raytown Mo.</u>	
24. FUNERAL DIRECTOR <u>Geo. C. Carson Independence, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-5-56</u>		26. REGISTRAR'S SIGNATURE <u>James Craig</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 John A. DeLuca, Student Embalmer No. 54
working under my personal supervision..

Student

John A. DeLuca
Signature of Student Embalmer

Signed

Lloyd C. Carr
Licensed Embalmer No. 41

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.