

FILED DEC 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

41393

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5258

| | | | | | | | |
|---|----------------------------------|---|--|---|--|---|--|
| 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>Kansas City</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Jackson</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u> | | Length of stay in 115 <u>30 YEARS</u> | | d. STREET ADDRESS (If outside, give location) <u>4628 BROADWAY</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Virginia E Chaney</u> | | | | 4. DATE OF DEATH Month Day Year <u>Dec. - 3, 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>OCT-31-1910</u> | 9. AGE (In years last birthday) <u>46</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BOOKKEEPER</u> | | 100. KIND OF BUSINESS OR INDUSTRY <u>MORTON SALT CO.</u> | | 11. BIRTHPLACE (City and state or country) <u>Missouri City, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>JAMES B. Mc GREGOR</u> | | | | 14. MOTHER'S MAIDEN NAME <u>LOTTIE LUCK</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>489-22-9673</u> | | 17. INFORMANT <u>JAMES L. CHANEY</u> | | Address <u>4628 BROADWAY KANSAS CITY, MO.</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Mutastatic Sarcoma of Lungs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Sarcoma of uterus</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u> <u>174X</u> | |
| 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. Month, Day, Year | | | | | | | |
| 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>11-15-56</u> , to <u>12-3-56</u> and last saw her/him alive on <u>12-3-56</u> Death occurred at <u>6:25 P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>E. O. Parsons</u> (Type or Print) | | | | 22b. ADDRESS <u>Plaza Med Bldg</u> | | 22c. DATE SIGNED <u>12-4-56</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>DEC-5-1956</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u> | | 23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> | | |
| 24. FUNERAL DIRECTOR <u>D.W. Newnam's Sons</u> | | ADDRESS <u>1331 Crush Creek K. C. MO</u> | 25. DATE RECD. BY LOCAL REG. <u>12-5-56</u> | | 26. REGISTRAR'S SIGNATURE <u>Rever Marshall</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
E. O. Parsons

MEDICAL CERTIFICATION

100
56th,
ffere
lic
vice

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 *Everett L. Smith*

Licensed Embalmer No. *50*

P. O. Address *K. C. 71*

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.