

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1204
STATE FILE NUMBER
290
Registrar's No.

FILED FEB 4 1957

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		540 CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WHEATLEY HOSPITAL			Length of stay in hospital 5 yrs.		d. STREET ADDRESS 3118 Olive		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) IRENE <i>First</i> ELIZABETH <i>Middle</i> BIRCH <i>Last</i>				4. DATE OF DEATH January 19, 1957				
5. SEX Female	3	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 16, 1915		9. AGE (In years last birthday) 41 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Manhattan, Kansas		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Charles Simpson				14. MOTHER'S MAIDEN NAME Callie Richardson				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Lester Birch		Address 3118 Olive		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis							INTERVAL BETWEEN ONSET AND DEATH 2 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Carcinoma of Ovary		DUE TO (c)		1957		
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 3:30 a. m.			Month, Day, Year JAN 19 57					
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.) 1956		20f. CITY, TOWN, OR LOCATION Kansas City		COUNTY Jackson		STATE Mo.
21. I attended the deceased from Oct 1957 to 19 Jan 57 and last saw her alive on 18 Jan 57 Death occurred at _____ on the date stated above and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) W. B. Whittier, M.D.				22b. ADDRESS 2307 1/2 Prospect St		22c. DATE SIGNED 21 Jan 57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/19/57	23c. NAME OF CEMETERY OR CREMATORY Rochester Cemetery		23d. LOCATION (City, town, or county) (State) Topeka, Kansas			
24. FUNERAL DIRECTOR WATKINS BROS. FN. HM.			ADDRESS 18th & Benton		25. DATE RECD. BY LOCAL REG. 1-21-57		26. REGISTRAR'S SIGNATURE neva minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

W. B. Whittier

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or without diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *Dwight A. White*

Licensed Embalmer No. 452

P. O. Address 18th St. N. W.

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.