

FILED FEB 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4049

509

BIRTH NO. _____		REG. DIST. NO. <u>393</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY NORTH</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>50620</u> <u>KANSAS CITY NORTH</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3823 N. LYDIA</u>				STREET ADDRESS (If rural, give location) <u>106 3823N.LYDIA</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>DOLLINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 1 1957</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 30, 1893</u>		9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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 _____		11. BIRTHPLACE (City and State or Foreign Country) <u>CLAY COUNTY, MISSOURI.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>LEWIS SIMONS</u>		13b. MOTHER'S MAIDEN NAME <u>FANNY LAY</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM F. DOLLINS</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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MYRTLE PHELPS 3629 N. Lydia</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acidosis & Malnutrition Inamtion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Tumor</u> DUE TO (c) <u>Primary site large intestine</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>153X</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>8/19, 1953</u> , to <u>2/1, 1957</u> , that I last saw the deceased alive on <u>2/1, 1957</u> , and that death occurred at <u>1:55 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A.L. Johnson</u> (Degree or title) <u>do</u>				23b. ADDRESS <u>Lashland Mo</u>		23c. DATE SIGNED <u>2/2/57</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/3/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EAST SLOPE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PLATTE COUNTY, MISSOURI.</u>		
DATE REC'D BY LOCAL REG. <u>2-2-57</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. NEWCOMERS SONS, NO. KANSAS CITY, MO.</u>			

SP. 2-1056

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 *John H. Kalsback*.....
Licensed Embalmer No. *2949*

P. O. Address *No. Kansas City*

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.