

Health, Welfare, Public Service, 000-56, All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

FILED APR 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8531

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1221

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>1621 SUMMIT ST.</u>		Length of stay in <u>4</u> yrs.		c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>ALICE</u>		Middle <u>KATHERINE</u>		Last <u>ALLDAFFER</u>		Month <u>MARCH</u> - Day <u>13</u> - Year <u>1957</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>AUG 29 1877</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME DOMESTIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>		9. AGE (In years last birthday) <u>79</u>		11. BIRTHPLACE (City and state or country) <u>CALIFORNIA MISSOURI</u>	
13. FATHER'S NAME <u>JESS ROBERTS</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
14. MOTHER'S MAIDEN NAME <u>SARAH WILLIAMS</u>				17. INFORMANT <u>MRS. M. C. BENNY</u> Address <u>2509 E 79th</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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>General Pelvic Carcinomatosis</u>						<u>4 MO.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____							
DUE TO (c) <u>Adeno-Carcinoma of Cervix</u>						<u>12 MO.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>191X</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 checked="" 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>April 1956</u> , to <u>March 13 1957</u> and last saw <u>him</u> alive on <u>March 12 1957</u> . Death occurred at <u>8:40 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Dr Leo A. O'Brien M.D.</u>				22b. ADDRESS <u>306 E 12 K.C. 6 MO.</u>		22c. DATE SIGNED <u>3-14-1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>MAR-16-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
24. FUNERAL DIRECTOR ADDRESS <u>D.W. NEWCOMER'S SONS 1331 BROWN CROSS K.C., MO.</u>			25. DATE RECD. BY LOCAL REG. <u>3-16-57</u>		26. REGISTRAR'S SIGNATURE <u>New Minshall</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Leo A. O'Brien

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 *Raymond M. Hard*.....
Licensed Embalmer No. *45*.....

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.