

FILED MAY 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 17548
STATE FILE NUMBER
 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson <input checked="" type="checkbox"/>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural - Prairie		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Lee's Summit 7001/2		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hospital 1 day		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 311 East 1st. St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle FOREST Last SAUNDERS			4. DATE OF DEATH Month May Day 19 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 23, 1882		9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during mgst of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Paint	11. BIRTHPLACE (City and state or country) Lee's summit, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Saunders		13b. MOTHER'S MAIDEN NAME Ella Coy		14. NAME OF HUSBAND OR WIFE Jessie Saunders	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wt or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 524-12-4272		17. INFORMANT Address Lee's Summit, Mo. Jessie Saunders, 311 E. 1st. St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute intestinal obstruction					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of head of pancreas -					2 yrs -
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 157X					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 Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 May 16 1957 to May 19, 1957 and last saw her alive on May 18 1957 Death occurred at 5:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deceased or gitle) J.R. Jenkins D.O.			22b. ADDRESS 320 So Douglas Lee's Summit Mo		22c. DATE SIGNED 5-19-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 21, 1957	23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery		23d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri
24. FUNERAL DIRECTOR Langsford Funeral Home Lee's Summit, Missouri			25. DATE RECD. BY LOCAL REG. May 19, 1957		26. REGISTRAR'S SIGNATURE N.B. Langford

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 28 1951

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 *N. B. Langford* Licensed Embalmer No. *496* P. O. Address *Lee's Summit*

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.