

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 021247
STATE FILE NUMBER
2192

FILED JUN 19 1957

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>BATES</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Adrian</u>		0090 0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				Length of stay in lb <u>12 days</u>		d. STREET ADDRESS (If outside, give location) <u>East Boone Hwy 7</u>	
3. NAME OF DECEASED (Type or print) First <u>Hazel</u> Middle <u>B</u> Last <u>Nichol</u>				4. DATE OF DEATH Month <u>5</u> Day <u>26</u> Year <u>57</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>1-30-01</u>		9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, open if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>Frank Bishop</u>				14. MOTHER'S MAIDEN NAME <u>Linda Bradbury</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Unsold, Nichol, Adrian 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>Chronic pyelonephritis with uremia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____ DUE TO (c) _____	
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 checked="" type="checkbox"/> NO <input 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 _____ a. m. _____ p. m. _____							
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>13 MAY 1957</u> to <u>26 MAY 1957</u> and last saw her alive on <u>25 MAY 1957</u> Death occurred at <u>7:40</u> A. m. on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE <u>John F. McDonnell, M.D.</u> (Degree or title)				22b. ADDRESS <u>315 Nichols Road Kansas City 12 Missouri</u>		22c. DATE <u>27 MAY 1957</u>	
23a. BURY (CREMATION, Removal) (Specify)		23b. DATE <u>5-27-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>-</u>		23d. LOCATION (City, town, or county) (State) <u>Adrian, Mo</u>	
24. FUNERAL DIRECTOR <u>Six Mortuary</u> ADDRESS <u>Adrian Mo</u>				25. DATE RECD. BY LOCAL REG. <u>5-28-57</u>		26. REGISTRAR'S SIGNATURE <u>new munsell</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
John F. Mc Donnell

path, Welfare Public Service
300 -56
diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. RT
Director, County, etc. must use only standard nomenclature for year 1957. No symptoms with no history.

W-3-4-11
E-3-4-11



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John R. Sidm*
Licensed Embalmer No. *45*
P. O. Address *Kansas, Co*

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.