Health, & Welfare Public Service

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FILED JUL 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 021401
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2990

1. PLACE OF DEATH a. COUNTY Jackson b. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐ c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1015 W. 69th Terr. — Length of stay in 1b 38 Years	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐ d. STREET ADDRESS (If outside, give location) 1015 West 69th Terr. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First DOROTHY Middle NANCY Last SYMON

4. DATE OF DEATH: Month June Day 26 Year 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Dec. 19, 1893

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Union Star, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Alewisus Nash

13b. MOTHER'S MAIDEN NAME: — Kline

14. NAME OF HUSBAND OR WIFE: W. M. Symon, Sr.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or Unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: W. M. Symon, Sr. - Address: 1015 W. 69th Terr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hepato-renal failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO, (b) Metastatic Carcinoma - liver — 4 mos.

DUE TO (c) Carcinoma of Gall Bladder — 6 mos.

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 1552

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 4-23-57, to 6-26-57 and last saw her/him alive on 6-25-57.
Death occurred at 11:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: P. L. Byers M.D. (Degree or title)

22b. ADDRESS: 4635 Wyandotte, K.C. Mo.

22c. DATE SIGNED: 6-27-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6/29/1957

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park

23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Stine & McClure - Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.: 6-27-57

26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

P. L. Byers

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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 Eugene [illegible]

Licensed Embalmer No. 4633

P. O. Address [illegible]

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.