

FILED SEP 19 1957

THE DIVISION OF HEALTH AND HOSPITALS
STANDARD CERTIFICATE OF DEATH

32093

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1007 Registrar's No. 4057

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in lb 10 years	d. STREET ADDRESS (If outside, give location) 706 E. 9 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Irene Pemberton			4. DATE OF DEATH Month 8 Day 30 Year 1957
5. SEX Female	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 8-3-1902
9. AGE (In years last birthday) 55		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 at home	11. BIRTHPLACE (City and state or country) Morganfield, Ky.
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME James Blotcher	
13b. MOTHER'S MAIDEN NAME Mary Rammage		14. NAME OF HUSBAND OR WIFE George Pemberton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Kathleen Dellard-Biro, Ill		Address _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal uremia			INTERVAL BETWEEN ONSET AND DEATH 171x
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of cervix			
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 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 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 Aug. 19, 1957 to Aug. 30, 1957 and last saw her alive on Aug. 30, 1957 Death occurred at 3:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. S. Burns, M.D. (Degree or title)		22b. ADDRESS 24th & Cherry	
22c. DATE SIGNED 8-30-57			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 9-1-57	23c. NAME OF CEMETERY OR CREMATORY Belton Cem.	23d. LOCATION (City, town, or county) (State) Belton Mo.
24. FUNERAL DIRECTOR Melody Mc Gilly Egan K.C. Mo.		25. DATE RECD. BY LOCAL REG. 8-30-57	26. REGISTRAR'S SIGNATURE Neva Winnifield

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

B. I. BURNS



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 A. Dedman*
Licensed Embalmer No. 5025
P. O. Address Shady Md.

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.