

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 14 1957

35742

STATE FILE NUMBER

5049

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5049

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) OR TOWN 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 Research Hosp.			Length of stay in lb 8 yrs		d. STREET ADDRESS 3802 Park (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First DORA Middle C. Last CORN				4. DATE OF DEATH Month 10 Day 29 Year 57					
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12-12-1881		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Operator			10b. KIND OF BUSINESS OR INDUSTRY Telephone		11. BIRTHPLACE (City and state or country) Hiawassée, Ga.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Elisha H. Kinsey				14. MOTHER'S MAIDEN NAME Josephine Burch					
15. WAS DECEASED EVER IN U. S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 506-03-6842		17. INFORMANT Address Joan E. Baker, 3802 Park, K.C. Mo.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Head of Pancreas & Liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cholelithiasis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 157+		
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 Feb 14, 1942 to October 29, 1957 and last saw her alive on Oct. 29, 1957 . Death occurred at 12:05 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Harold A. Pallett, M.D.				22b. ADDRESS 1132 Park Bldg K.C. Mo		22c. DATE SIGNED 10/29/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-30-57		23c. NAME OF CEMETERY OR CREMATORY Pawnee City Cemetery		23d. LOCATION (City, town, or county) (State) Pawnee City, Nebr.			
24. FUNERAL DIRECTOR ADDRESS Wagner Funeral Home, K.C. Mo				25. DATE RECD. BY LOCAL REG. 10-30-57		26. REGISTRAR'S SIGNATURE neva mirahall			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Harold A. Pallett



Write 5-1-11

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 *Alvin R. Hamschell*

Licensed Embalmer No. *41*

P. O. Address: *K. e.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.