

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35765

STATE FILE NUMBER

FILED NOV 1 1957

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4697

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Merriam		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.		Length of stay in lb I Month		d. STREET ADDRESS (If outside, give location) 5611 Slater		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Effie Pearl Day				4. DATE OF DEATH Month Day Year 10 9 57					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12 31 80		9. AGE (In years last birthday) 76	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 Housewife		11. BIRTHPLACE (City and state or country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME William Sarver			13b. MOTHER'S MAIDEN NAME No Data			14. NAME OF HUSBAND OR WIFE Dudley D. Day (Dec'd)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No No			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Marie Neely (Da) Merriam, Ka.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Resected carcinoma of breast</i>							INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs. +</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							170+		
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 <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 <i>3/14/51</i> to <i>10/9/57</i> and last saw her alive on <i>10/8/57</i> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>J. W. Young</i> (Degree or title)			22b. ADDRESS <i>1401 S. W. Blvd K.C.Ks.</i>			22c. DATE SIGNED <i>10/11/57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-9-57	23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery		23d. LOCATION (City, town, or county) Kansas City, Kansas			(State)	
24. FUNERAL DIRECTOR Simmons Funeral Home			ADDRESS K.C.K.		25. DATE RECD. BY LOCAL REG. 10-11-57		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *Donnan K. Jensen*

Licensed Embalmer No. *4828*

P. O. Address *K.C.K.*

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.