

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010248

STATE FILE NUMBER

1437

FILED APR 2 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1437

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Orrick 0898 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran | | Length of stay in lb 6 weeks | d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|--|----------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or print) First KATE Middle L Last Uance | | | 4. DATE OF DEATH Month March Day 15 Year 1958 | | |
| 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 Jan. 19, 1877 | 9. AGE (In years last birthday) 81 | |
| 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) Camden, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Ben F. Canada | | | 14. MOTHER'S MAIDEN NAME Mary Endsley | | |
| 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. None | 17. INFORMANT Mrs. Aileen Kenyon Kansas City, Mo. | | |

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|---|------------|--|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Abdominal Carcinomatosis, Primary site undetermined | | INTERVAL BETWEEN ONSET AND DEATH 6 mos. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | |

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|--|----------------------------------|-----------------------------------|--|--------|-------|
| 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 7:50 A Month, Day, Year | | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |

| | | | | | |
|---|--|--|---|--|------------------------------------|
| 21. I attended the deceased from Feb 15, 1958 to March 15, 1958 and last saw her ^{alive} on March 14, 1958 . Death occurred at 7:50 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Edw. H. Fischer M.D. | | | 22b. ADDRESS 306 E 21st WKC 16 Mo | | 22c. DATE SIGNED 3/15/58 |

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|--|------------------------------------|--|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE March 17, 1958 | 23c. NAME OF CEMETERY OR CREMATORY South Point | 23d. LOCATION (City, town, or county) (State) Orrick Missouri | |
| 24. FUNERAL DIRECTOR Wilbur M. Caperrick, Missouri | | 25. DATE RECD. BY LOCAL REG. 3-18-58 | 26. REGISTRAR'S SIGNATURE neva minshall | |

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
0
300
1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Edw. H. Fischer

MEDICAL CERTIFICATION



STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *John Pasley*.....

Licensed Embalmer No. *430*

P. O. Address *Liberty*

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.