Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025820
STATE FILE NUMBER

FILED AUG 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3575

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) General Hosp #1 — Length of stay in 1b ~~9 days~~ 3

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 [X] No [ ]
d. STREET ADDRESS (If outside, give location) 4024 Prospect — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Middle Last: Edith C. Thomas

4. DATE OF DEATH Month Day Year: 7-22-58

5. SEX: F
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] 3 DIVORCED [X]
8. DATE OF BIRTH: April 1, 1903
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): home
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (City and state or country): Miller County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Walter P. Conner
13b. MOTHER'S MAIDEN NAME: ? - Martin
14. NAME OF HUSBAND OR WIFE: ---

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: Wm F. Heldstab — Address: RR #2 Lee Summit, Mo

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) Carcinoma of Cervix c̄ wide spread
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) metastasis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 171X
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 [ ] NO [ ] 0

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 7-13-58, to 7-22-58 and last saw her/him alive on 7-22-58
✓ Death occurred at 2:13 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B.A. Burns, M.D.
22b. ADDRESS: General Hosp. #1
22c. DATE SIGNED: 7-22-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-23-58
23c. NAME OF CEMETERY OR CREMATORY: Eldon Cemetary
23d. LOCATION (City, town, or county) (State): Eldon, Mo

24. FUNERAL DIRECTOR ADDRESS: Langsford Funeral Home Lee's Summit, Mo
25. DATE RECD. BY LOCAL REG.: 7-23-58
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.

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 .....

Licensed Embalmer No. 3833

P. O. Address Lee's Summit

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.