

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013269

STATE FILE NUMBER

ILLU APR 20 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1563

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1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital or hospice location) HOSPITAL OR INSTITUTION <u>542 Highland</u>		Length of stay in lb <u>20 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>4400 Broadway</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Ruth</u> Last <u>Eggers (Hurley)</u>			4. DATE OF DEATH Month <u>3</u> Day <u>23</u> Year <u>1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-9-1898</u>	9. AGE (In years at birthday) <u>60</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>

10. USUAL OCCUPATION (Give kind of work done during most of work life, or if retired) <u>Photo Worker</u>	11. KIND OF BUSINESS OR INDUSTRY <u>Photo Studios</u>	12. BIRTH PLACE (City and state or country) <u>Indianapolis, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>John Eggers</u>	13. MOTHER'S M maiden name <u>Edith Winifred Blandin</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>091-12-7108</u>	17. INFORMANT <u>Betty J. Hallam; 1409 Judson St. South, Kan.</u> Address
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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) <u>metastatic squamous cell Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Squamous cell Carcinoma of the buccal mucosa</u>	
	DUE TO (c) <u>1958</u>	
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 <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u>	

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 <u>Kansas City</u>	COUNTY <u> </u>	STATE <u> </u>
21. I attended the deceased from <u>2-18-59</u> to <u>3-23-59</u> and last saw her alive on <u>3-22-59</u> Death occurred at <u>10:30 P</u> on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Robert F. Goodwin M.D.</u>	22b. ADDRESS <u>5239 Catalina K.C. 3 Kan</u>	22c. DATE SIGNED <u>3-25-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-25-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mound Washington</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
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24. FUNERAL DIRECTOR <u>Robert Funeral Home (S) K.C. Mo</u>	ADDRESS <u> </u>	25. DATE REC'D. BY LOCAL REG. <u>3-26-59</u>	26. REGISTRAR'S SIGNATURE <u> </u>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Robert F. Goodwin USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *B. E. Wient*

Licensed Embalmer No. *21075*

P. O. Address *1108 Mo*

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.