

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040044

FILED VS. NOV 30 1959 149

Primary Registration District No. 1002 Registrar's No.

5446

STATE FILE NUMBER

RECEIVED

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JACKSON	
b. CITY (if outside corporate limits, give TOWNSHIP only) KANSAS CITY		Length of stay in 1b unk.	c. CITY OR TOWN KANSAS CITY Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION 341 N DRURY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 341 N DRURY Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ethel Middle R. Last FEAGANS			4. DATE OF DEATH Month 11 Day 9 Year 59			
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 10-2-1896	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months 1 Days 7	IF UNDER 24 HR Hours 1 Min. 7
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) EUREKA KANS		12. CITIZEN OF WHAT COUNTRY U.S.	

13a. FATHER'S NAME JOHN ROE	13b. MOTHER'S MAIDEN NAME MARTHA DUNLAP	14. NAME OF HUSBAND OR WIFE PAUL L. FEAGANS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. ---	17. INFORMANT Maunie Feagans Address 341 N Drury

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Sarcoma Vasis	DUE TO (b) Sarcoma of Uterus.	2 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) ---	6 mos
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 **May 59** to **11-9-59** and last saw her **alive** on **11-9-59**
Death occurred at **510 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. Kienberger MD	22b. ADDRESS 5246 S. John	22c. DATE SIGNED 11-10-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-12-59	23c. NAME OF CEMETERY OR CREMATORY Memorial park	23d. LOCATION (City, town, or county) (State) Kansas City MO
24. FUNERAL DIRECTOR Mayfield ADDRESS Blue Springs	25. DATE RECD. BY LOCAL REG. 11-12-59	26. REGISTRAR'S SIGNATURE Irene Marshall	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF **A. Kienberger** 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 Charles E. Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs

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.