.S. No. 300
Rev. 10.48

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4286

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 2 1/2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8150 Holmes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 8150 Holmes

93

3. NAME OF DECEASED (Type or Print)
a. (First): Lizzie
b. (Middle): S
c. (Last): O'Hara

4. DATE OF DEATH (Month) (Day) (Year): Oct. 5. 1949

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Sept. 21, 1865
9. AGE (In years last birthday): 84 — 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:
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Thomas W. ~~Shiled~~ SHIELDS
13b. MOTHER'S MAIDEN NAME: Lizzie Hal Trigg
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Eugene Jeter 8150 Holmes St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcinoma of lip with metastases to neck and throat. — INTERVAL BETWEEN ONSET AND DEATH: 2+ years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Sarcinoma left eye trow. — 2+ years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Sarcinoma left hand — 2+ years
Angina pectoris — 2+ years

Contributing to Cause of Death: Sarcinoma of lip with metastases to neck and throat

19a. DATE OF OPERATION: Oct 25, 1948
19b. MAJOR FINDINGS OF OPERATION: Excision Sarcinoma of the lip (skin)
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 31, 1947, *to* Oct 5, 1949, *that I last saw the deceased alive on* Oct 2, 1949, *and that death occurred at* 11:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Carl R. Ferris (Degree or title): Carl R Ferris M.D.
23b. ADDRESS 934 Argyle Bldg Kansas City Missouri
23c. DATE SIGNED: Oct 6, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/6/49
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): Lexington, Mo.

DATE REC'D BY LOCAL REG.: 10-7-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: STINE & MCCLURE CO. KANSAS CITY MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Carl Ferris
Argyle Bldg.

Mrs. Lizzie O'Hara

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 .....
Student Embalmer

Signed S. J. Allen

Licensed Embalmer No. 1415

P. O. Address Kerne

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 this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 33956-49

State of Mo
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4286-49

On this 28 day of Nov, 1949, before me appears Eugene C. Jeter, who, upon his oath, states that the original record of ~~birth~~ death for Lizzie S. O'Hara died 10-5-49, 19....., in the State of Missouri, and which was filed at K C Mo on 10-7-, 1949, should be corrected as follows:

Item No. 13a should read Thomas W. Shields
Instead of Thomas W. Shiled

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Eugene C. Jeter Son-in-law
Relationship.

8150 Holmes St. KC Mo
Present Address.

Subscribed and sworn to before me this 28th day of November, 1949.

My Commission expires Oct 21, 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

rm V. S. 135
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