

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36401

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1257

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Brown</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hiawatha</u>	
c. LENGTH OF STAY (in this place) <u>11 days</u>		d. STREET ADDRESS (If rural, give location) <u>02</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Tully</u> b. (Middle) _____ c. (Last) <u>Kale</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15, 1949</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 16, 1903</u>	9. AGE (In years last birthday) <u>46</u>	# UNDER 1 YEAR Months <u>0</u>	# UNDER 1 YEAR Days <u>29</u>	# UNDER 1 MIN. Hours _____	# UNDER 1 MIN. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Lynns, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>J. Allen Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Huffman</u>	14. NAME OF HUSBAND OR WIFE <u>Earl Kale</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earl Kale, Hiawatha, Kansas</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Cancer of colon + Colostomy</u> DUE TO (c) <u>Intestinal obstruction</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>3 wks</u>

19a. DATE OF OPERATION <u>11-7-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cancer of colon</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 11-4-, 1949, to 11-15, 1949, that I last saw the deceased alive on 11-14, 1949, and that death occurred at 5:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul J. Jurgens M.D.</u>	23b. ADDRESS <u>4207 1st - St. Joseph, Mo</u>	23c. DATE SIGNED <u>11-16-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>11/15/1949</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Hiawatha, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 21, 1949</u>	REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Heater Bowman</u>	ADDRESS <u>Central Home, St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 20 1939

APR 21 1939

W. J. ...
420 N. 8

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. 21511

working under my personal supervision.

Student
Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 50th St, Jay

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.