

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43705**
5525

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

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>Jackson</u>			a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		3 1/2
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>430 W 10th St</u>		
3. NAME OF DECEASED			4. DATE OF DEATH		5. SEX
a. (First) <u>Maudie</u>	b. (Middle) <u>Bennett</u>	c. (Last) <u>DeLuca</u>	Date: (Month) (Day) (Year) <u>Dec. 29-49</u>		Female
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 12 HRS: Hours Min.
Female	white	Married	10-2-1886		63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maid</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Waverly Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Samuel Bennett</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret M. Beck</u>	14. NAME OF HUSBAND OR WIFE <u>Frank DeLuca</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>500-22-8298</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Flora Lee Ancona</u> ADDRESS <u>5085 Navajo, Kansas City, Mo</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulating intestinal obstruction (malignant)</u>		ANTECEDENT CAUSES <u>Malignant tumor of jejunum</u>			18 days
DUE TO (b) <u>Malignant tumor of jejunum</u>		DUE TO (c) <u>Pyometrium (former x-ray therapy, radiation) 4 yrs. Hydronephrosis Extensive iliac vein thrombosis</u>			15 1/2 hrs
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			690.
19a. DATE OF OPERATION <u>12-17-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Malignant obstructive lesion at duodeno-jejunal juncture.</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 17, 1949</u>, to <u>Dec. 29, 1949</u>, that I last saw the deceased alive on <u>Dec. 29, 1949</u>, and that death occurred at <u>5:28 p.m.</u>, from the causes and on the date stated above.					
23a. SIGNATURE <u>L. Raymond Hall</u> (Degree or title)			23b. ADDRESS <u>2433 Indep Blvd</u>		23c. DATE SIGNED <u>12-30-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 31-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt St Mary's</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-30-49</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pussacchino Bros</u> ADDRESS <u>11 C Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

3008

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 Francis Walton

Licensed Embalmer No. 2744

P. O. Address K. C. 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 this body is not embalmed, fact should be so stated above.