

FILED SEP 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 30275
3841

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1602</u>		Registrar's No. _____	
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, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>2 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		OR TOWN <u>NR</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2810 E 11th 3100</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillian</u>			b. (Middle) <u>A Heberer</u>			c. (Last)	
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 13, 1912</u>	
9. AGE (In years last birthday) <u>37</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>26</u>		IF UNDER 18 HRS. Hours <u></u> Min. <u></u>		9. AGE (In years last birthday)	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>New York</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Nagel</u>		13b. MOTHER'S MAIDEN NAME <u></u>		14. NAME OF HUSBAND OR WIFE <u>Homer Attebery</u>	
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></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Homer Attebery 2810 E 11th St. N.W.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bilateral ureteral obstruction</u> DUE TO (c) <u>Metastatic carcinoma of cervix</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1711</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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>Pathological</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept 9, 1950</u> , and that death occurred at <u>5:00</u> m. from the causes and on the date stated above.							
23a. SIGNATURE <u>F. P. Niedermeyer</u> (Degree or title) <u>D.M.P.</u>				23b. ADDRESS <u>5910 Maple, N.E.M.</u>		23c. DATE SIGNED <u>9-9-50</u>	
24a. BURIAL, CREMATION, OR DISPOSAL (Specify)		24b. DATE <u>Sept 9, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Low Post Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Urbana, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-9-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dillon & Kopy, Indpls</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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~~ _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Walter L. Kasper*
Licensed Embalmer No. *4225*

P. O. Address *Indep. 210*

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.