

FILED SEP 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **30350**  
 Registrar's No. **3823**

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3823</u>	
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) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>1328 E. Armour Blvd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>1328 E. Armour Blvd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u>		b. (Middle) <u>Mae</u>		c. (Last) <u>COSTELLO</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5, 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>6 - 21 - 1881</u>	
9. AGE (In years last birthday) <u>69</u>		if UNDER 1 YEAR Months <u>2</u> Days <u>14</u>		if UNDER 1 YEAR Hours <u></u> Min. <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John White</u>		13b. MOTHER'S MAIDEN NAME <u>Lu Belle Proctor</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. H. Costello</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>Wm. H. Costello Jr., 1328 E. Armour, K.C.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Adeno-Carcinoma of the Breast</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2 yrs.</u> <u>170X</u>	
19a. DATE OF OPERATION <u>Oct. 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adeno carcinoma of resin Breast.</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) m.		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>Oct 1949</u> , to <u>9/5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9/5</u> , 19 <u>50</u> and that death occurred at <u>11:55 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C.P. Hungate</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>934 1/2 E. 6th St. Kansas City, Mo.</u>		23c. DATE SIGNED <u>9/7/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9 - 8 - 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. St. Marys Cemetery</u>		24d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-8-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eylar, 1800 Linwood, K.C., Mo.</u>			

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

Dr. C. P. Hungate  
Argyle Bldg.

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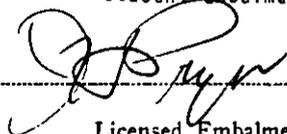
STATEMENT BY LICENSED EMBALMER

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.

Student Embalmer No.....

Signed.....



Licensed Embalmer No. 2999

Signed.....  
Student Embalmer

P. O. Address.....

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.