

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37022

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4833

008

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

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. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>2 months</u>		d. STREET ADDRESS (If rural, give location) <u>6417 Wornall Terrace</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Emma</u>	b. (Middle) <u>E.</u>	c. (Last) <u>FORDYCE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15, 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>6-4-70</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
----------------------	-------------------------------	-----------------------------------------------------------------------	--------------------------------	-------------------------------------------	-----------------------------------------	-----------------------------------------

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>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Warrensburg, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--------------------------------------------------------------------------------------------------------------	--------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------

13a. FATHER'S NAME <u>William G. Fordyce</u>	13b. MOTHER'S MAIDEN NAME <u>Emma E. Allmon</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. Grant Fordyce</u>
----------------------------------------------	-------------------------------------------------	------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H. T. Fordyce</u>	ADDRESS <u>6417 Wornall Terr., KC, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>WIDE SPREAD METASTATIC CARCINOMA 2 YR</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>7 YR.</u>  <u>1701</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA RIGHT BREAST</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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 Pathologist, 1950, that I last saw the deceased alive on 7, 1950, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>F.C. Helwig</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>St. Luke's Hospital</u>	23c. DATE SIGNED <u>Nov 16-50</u>
---------------------------------------------------------------	-----------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-18-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
---------------------------------------------------------	---------------------------	---------------------------------------------------	----------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>11-17-50</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u>	ADDRESS <u>Kansas City, Mo.</u>
------------------------------------------	-----------------------------------------------	---------------------------------------------------------------	---------------------------------

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 \_\_\_\_\_

*Elmer E. Beck*

Signed.....

Student Embalmer

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.