

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37152**
Registrar's No. **4558**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4558	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 55 Years		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 28 East 34th St. Terrace	
d. FULL NAME OF HOSPITAL OR INSTITUTION 28 East 34th St. Terrace				d. STREET ADDRESS (If rural, give location) 28 East 34th St. Terrace			
3. NAME OF DECEASED (Type or Print) a. (First) CHRISTINE		b. (Middle) DURKIN		c. (Last) MANKIN		4. DATE OF DEATH (Month) (Day) (Year) Oct. 28, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 23, 1874	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Dubuque, Iowa	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Chris Durkin		13b. MOTHER'S MAIDEN NAME Anna M. Christensen		14. NAME OF HUSBAND OR WIFE Ernest C. Mankin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gladys Mankin Jones, K. C. Mo.			
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) Carcinoma liver, metastatic from colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH 1 year 153 A 5 yr.	
19a. DATE OF OPERATION Nov. 1949		19b. MAJOR FINDINGS OF OPERATION Carcinoma left colon, liver metastases				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Nov. , 1947, to Oct. 28 , 1950, that I last saw the deceased alive on Oct 27 , 1950, and that death occurred at 1 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE T. Reid Jones (Degree or title) M.D.				23b. ADDRESS 1107 Bryant Bldg.		23c. DATE SIGNED 10-30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-31-50		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 10-30-50		REGISTRAR'S SIGNATURE Heraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

W. L. Keith Jones
Bryant Beck
2-5

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

William H. Bennett

Signed.....

Student Embalmer

Licensed Embalmer No. *4438*

P. O. Address *H. C., Md*

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.