

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5032

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</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>KANSAS</u> b. COUNTY <u>MONTGOMERY</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>1 MONTH</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COFFEYVILLE 8509</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKES HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>307 WEST-12<sup>TH</sup> STREET</u>			
3. NAME OF DECEASED a. (First) <u>ESSIE</u>			b. (Middle) _____		c. (Last) <u>FILKEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV-29-1950</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>DEC-2-1879</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR 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>NEAR McCUNE, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM PALMER</u>			13b. MOTHER'S MAIDEN NAME <u>NANCY HARRY</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES E. FILKEL</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CHARLES E. FILKEL</u> ADDRESS <u>307 WEST-12<sup>TH</sup> ST. COFFEYVILLE, KANSAS</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						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized peritonitis</u>						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sarcoma of ileum</u>						
	DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						152 <sup>1/2</sup>
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:55 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F. C. Coleman</u> (Degree or title) <u>F. C. Coleman, M.D. Pathologist</u>				23b. ADDRESS <u>4922 Bell St KC, Mo.</u>		23c. DATE SIGNED <u>11-29-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV-29-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GIRARD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>GIRARD, KANSAS</u>		
DATE REC'D BY LOCAL REG. <u>11-29-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK BLVD. KANSAS CITY, MO.</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.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Doyle L. Daniel*

Licensed Embalmer No. *4702*

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.