

FILED NOV 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33499
State File No. 4546

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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|---|---|---|--|
| 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) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| c. LENGTH OF STAY (in this place) 9 Yrs | | d. STREET ADDRESS (If rural, give location) 1115 Monroe | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Opal | b. (Middle) Pearl | c. (Last) Council | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 24 1951 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept. 1 1909 |
| 9. AGE (In years last birthday) 42 | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Days | IF UNDER 15 HRS. Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Nevada, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Harry Tenton | 13b. MOTHER'S MAIDEN NAME Rose Schrum | 14. NAME OF HUSBAND OR WIFE Paul Council | |
| 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. 500-28-6609 | 17. INFORMANT'S SIGNATURE OR NAME Mr Paul Council ADDRESS Kansas City, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Carcinoma DUE TO (c) Scirrhous Carcinoma of R. Breast II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH 3 days 18 mo 17 0X 20 mo. |
| 19a. DATE OF OPERATION 10-24-51 | 19b. MAJOR FINDINGS OF OPERATION Generalized Metastases | | 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) Kansas City (COUNTY) Jackson (STATE) Mo | |
| 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>1943</u> to <u>10-24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-24</u> , 19 <u>51</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE E. D. Reese (Degree or title) DO | | 23b. ADDRESS 3309 E 12 | 23c. DATE SIGNED 10-24-51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Oct. 27 1951 | 24c. NAME OF CEMETERY OR CREMATORY Marvins Chapel Cemetery | 24d. LOCATION (City, town, or county) (State) Nevada, Missouri |
| DATE REC'D BY LOCAL REG. 10-25-51 | REGISTRAR'S SIGNATURE Sheraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C. L. Forster | ADDRESS Kansas City, Missouri |

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Joe B. Under

Licensed Embalmer No. *4173*

P. O. Address..... *K. C. 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.