

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

37397

4805

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|--|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY Jackson | | b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | a. STATE Missouri | | b. COUNTY Jackson | |
| c. LENGTH OF STAY (in this place) 15 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | d. STREET ADDRESS (If rural, give location) 2217 E. 59th. | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Colonial Nursing Home 100 E. 36 | | | | d. STREET ADDRESS (If rural, give location) 2217 E. 59th. | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Rose | | b. (Middle) Shirley | | c. (Last) Key | |
| 4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1951 | | 5. SEX female | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | |
| 8. DATE OF BIRTH Oct. 15, 1900 | | 9. AGE (In years last birthday) 51 | | IF UNDER 1 YEAR Months 5 | | IF UNDER 24 HRS. Days 30 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY at home | | 11. BIRTHPLACE (State or foreign country) Paris, France | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME unknown | | 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE Robert E. Key | | | |
| 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 Robert E. Key 2217 E. 59th. | | | |
| 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. | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH est 1 yr | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of desc 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. 153X | |
| 19a. DATE OF OPERATION July 19, 1951 | | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon metastatic | | | | 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) | | 21f. HOW DID INJURY OCCUR? | |
| 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"/> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>June 29, 1951</u> , to <u>Nov 9, 1951</u> , that I last saw the deceased alive on <u>Nov 9, 1951</u> , and that death occurred at <u>6:45 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Wm. H. Goodson Jr. (Degree or title) MD | | | | 23b. ADDRESS 730 West 13th Kansas City 6 Mo | | 23c. DATE SIGNED 11/10/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 11-12-51 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. | |
| DATE REC'D BY LOCAL REG. 11-10-51 | | REGISTRAR'S SIGNATURE Sheraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Newcomer's Sons Kansas City, Mo. | | | |

(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.....

Charles H. Stickney

Signed.....
Student Embalmer

Licensed Embalmer No. 4560

P. O. Address R.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.