S. No. 300
V. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1952

State File No. 5032

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 518

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 42 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital, K.C.Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Lee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Donnellson
d. STREET ADDRESS (If rural, give location):

8140

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZA
b. (Middle): ANGELINE
c. (Last): HELM

4. DATE OF DEATH (Month) (Day) (Year): Feb. 1, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 15, 1870
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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): Bloomfield, Iowa
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Joseph D. Gravitt
13b. MOTHER'S MAIDEN NAME: Clarinda Cox
14. NAME OF HUSBAND OR WIFE: Merdith T. Helm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs Edgar F Dunlap — **ADDRESS**: Daughter

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion – post-operative — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of ovary with abdominal metastases — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION: 12-21-51
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of ovary with abdominal metastases
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 18, 1951, *to* Feb 1, 1952, *that I last saw the deceased alive on* Feb 1, 1952, *and that death occurred at* 11:10 am *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William B. Cheeseman M.D.
23b. ADDRESS: 530 Professional Bldg Kansas City, Mo.
23c. DATE SIGNED: Feb 2, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Shenandoah. Iowa

DATE REC'D BY LOCAL REG.: 2-2-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Werner Mortuary
ADDRESS: K. C. Kans.

(Licensed Embalmer's Statement on Reverse Side)

Dr Wm B Cheeseman
Prof Bldg V10887

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 A. C. Werner

Signed.....
Student Embalmer

Licensed Embalmer No. 2597

P. O. Address Kansas City, Kansas

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.