

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8353
State File No. 1108

REC'D MAR 22 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>24 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>4917 MAIN STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4917 MAIN (3rd NORTH)</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HELEN</u> b. (Middle) <u>BERTHA</u> c. (Last) <u>FERRELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH - 6 - 1952</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY - 5 - 1908</u>	9. AGE (In years last birthday) <u>43</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECRETARY</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RICHARD + CONOVER</u>	11. BIRTHPLACE (State or foreign country) <u>ALICEVILLE, KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WALLACE W. BRUCE</u>	13b. MOTHER'S MAIDEN NAME <u>MINNIE E. STEEN</u>	14. NAME OF HUSBAND OR WIFE <u>FRED L. FERRELL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>579-22-4270</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FRED L. FERRELL</u>	ADDRESS <u>4917 MAIN ST. K.C. MO</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of left Breast with multiple visceral metastases.</u>		170X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Neoplastic Disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Cancer of left breast.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb 28, 1952, to March 6, 1952, that I last saw the deceased alive on March 6, 1952 and that death occurred at 2:09 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wayne E. Hild</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Research Hosp, K.C., Mo</u>	23c. DATE SIGNED <u>7 March 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>March 9-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER SONS</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-8-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer Sons</u>	ADDRESS <u>Kan City, Mo</u>
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WRITE PLAINLY—USING INK—NEEDING BLACK INK—MAKE A PERMANENT RECORD

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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

John B. Lewis

Licensed Embalmer No. *4875*

P. O. Address *KC. 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.