

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20553

FILED JUL 5 1952 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2639

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>8 years</b>		d. STREET ADDRESS (If rural, give location) <b>1216 West 21st</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1216 W. 21st</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>DELLA</b>		b. (Middle) <b>JANE</b>	
c. (Last) <b>LARSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 10 1952</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 12, 1894</b>
9. AGE (If years last birthday) <b>68</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (State or foreign country) <b>Wilson County Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Thomas S. Tyler</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Robinson</b>	
14. (NAME OF HUSBAND OR WIFE) <b>Edward V. Larson</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edward V. Larson - 1216 W. 21st</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis - generalized</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year +</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Carcinoma both breasts</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		17 yr.	
Conditions contributing to the death but not related to the disease or condition causing death.		170+	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)	
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 <b>7/15</b> , 1952, to <b>6/10</b> , 1953, that I last saw the deceased alive on <b>6/9</b> , 1952, and that death occurred at <b>2:15 A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>R. B. Becker</b> (Degree or title)		23b. ADDRESS <b>4000 Ballmore Kansas City, Mo.</b>	
23c. DATE SIGNED <b>6/10/52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>June 13, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Parker Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hilke Funeral Home 2315 Linwood</b>	
DATE REC'D BY LOCAL REG. <b>6-11-52</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	

*Dr. Yeager  
4000 13th Ave  
No 6822*

*115110*

**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 *Chas E Wilks*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2644*

P. O. Address *17 E. 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.