

FILED JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20559
State File No. 2789

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

1. PLACE OF DEATH a. COUNTY <u>Jackson County</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>Lawrence City Mo. 16 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 32608</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Memorial Hosp. Med. Center</u>		d. STREET ADDRESS (If rural, give location) <u>6420 Rock Hill Rd. # 2</u>	

3. NAME OF DECEASED a. (First) <u>Jeannette</u> (Type or Print) <u>LePage</u> b. (Middle) <u>VIRGINIA B</u> c. (Last) <u>LePage</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-15-52</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED 1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>- -</u>		8. DATE OF BIRTH <u>MAR-13-1886</u>	
				9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
11. BIRTHPLACE (State or foreign country) <u>MARBLE HILL MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>JAMES BURFORD</u>		13b. MOTHER'S MAIDEN NAME <u>BELLE PEYTON</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK T. LE PAGE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FRANK T. LE PAGE 6420 ROCK HILL ROAD KANSAS CITY, MO.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Pulmonary Edema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
		ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of uterus</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			<u>2 yrs</u>
		DUE TO (c) <u>generalized carcinomatosis</u>			<u>174X</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>6 mo.</u>

19a. DATE OF OPERATION <u>9-16-1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of uterus</u>			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) (Min.)		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 9-16-1950, to 6-15-1952, that I last saw the deceased alive on 6-15-1952, and that death occurred at 7:29 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph H. Printz</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1103 Grand</u>		23c. DATE SIGNED <u>6-16-52</u>	
24a. FUNERAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 18-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Newman</u> ADDRESS <u>1331 BROWN CREEK KANSAS CITY, MO.</u>			
DATE REC'D BY LOCAL REG. <u>6-18-52</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>			

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Basil J. Honey

Licensed Embalmer No. 4724

P. O. Address Lashland, 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.