

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1473

State File No. **239**

FILED FEB 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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. LENGTH OF STAY (in this place) <u>unknown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3530 Olive</u>				<u>3558</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u>			b. (Middle) <u>Lavina</u>		c. (Last) <u>Highley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 12, 1953</u>		
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>Aug. 20, 1887</u>		9. AGE (In years last birthday) <u>65</u>	# UNDER 1 YEAR Months <u>4</u> Days <u>22</u>	# UNDER 1 WKS. Hours <u></u> Min. <u></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		11. BIRTHPLACE (State or foreign country) <u>Galva Illinois</u>			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>William Larson</u>			13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE <u>Ralph E. Highley</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>R. E. Highley, 3530 Olive, K.C. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Breast</u>						<u>1 yr.</u>	
		DUE TO (c) <u>Intestinal obstruction</u>						<u>17 DX</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>6 week</u>	
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) (m.)		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 <u>1950</u> , to <u>Jan. 12, 1953</u> , that I last saw the deceased alive on <u>Jan 12, 1953</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm. R. Jackson, M.D.</u> (Degree or title)				23b. ADDRESS <u>1107 August Bldg</u>			23c. DATE SIGNED <u>1/13/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-12-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Altona Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Adrian Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-16-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Life Funeral Service Adrian Mo</u>				

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 \_\_\_\_\_

Licensed Embalmer No. 3650

P. O. Address Adrian 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.