

FILED FEB 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5810

553

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 Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>4027 oak Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mrs Lydia</u>	b. (Middle) <u>M</u>	c. (Last) <u>Compton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-27-1953</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>Widowed</u>	8. DATE OF BIRTH <u>10-14-1880</u>	9. AGE (in years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction Drafter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cleveland</u>	11. BIRTHPLACE (State or foreign country) <u>Louisiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>E J Marcellus</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Barber</u>	14. NAME OF HUSBAND OR WIFE <u>Leam Newton Compton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>513-10-0558</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marcella Vincent</u>	ADDRESS <u>4027 oak Street</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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Metastatic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mon</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma left Breast</u>		<u>1 1/2 yr</u>
	DUE TO (c) _____		<u>170x</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 _____	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) _____	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 Sept, 1951, to 1-27, 1953, that I last saw the deceased alive on Jan 26, 1953, and that death occurred at 3 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J D Bennett</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>1103 Grand Kansas City Mo</u>	23c. DATE SIGNED <u>1/28/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-29-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Farrar Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Valley Falls Kansas</u>
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DATE REC'D BY LOCAL REG. <u>1-28-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>France-Warnall</u>	ADDRESS <u>Funeral Home</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr G D Bennett
Professional Bldg
HA 5488
1630

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 *Russell M. Francis*.....

Licensed Embalmer No. *4255*.....

P. O. Address *K C 9m*.....

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.