

FILED APR 9 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

9785

1647

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>Kansas</u> b. COUNTY <u>Miami</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>15 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osawatomie</u> <u>8150</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route</u> <u>8</u> <u>X</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hiriam</u> b. (Middle) _____ c. (Last) <u>Cundiff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 23 1953</u>		5. SEX <u>male</u> <u>0</u>		6. COLOR OR RACE <u>white</u>				
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 15, 1881</u>		9. AGE (In years less birthday) <u>71</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own business.</u>		11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy D. Cundiff</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, be specific): (If no, give war or dates of service) <u>Unknown</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lucy D. Cundiff Osawatomie, Kansas</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Sigmoid Colon</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Asthma, Bronchial</u> <u>Myocarditis</u> <u>Generalized Arterio-sclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>12 mcs</u> <u>153X</u> <u>2-3 yrs</u>			
19a. DATE OF OPERATION <u>3-12-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Obstructing Carcinoma</u> <u>Generalized Arterio-sclerosis</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Colon</u>		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 <u>3-8-53</u> , 19 <u>53</u> , to <u>3-23-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-23-53</u> , 19 <u>53</u> , and that death occurred at <u>1:30P</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>John H. Ogilvie</u> (Degree or title) <u>MD.</u>						23b. ADDRESS <u>274 Nialto Bldg</u>			23c. DATE SIGNED <u>3/23/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-23-1953</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Osawatomie Kansas</u>		DATE REC'D BY LOCAL REG. <u>3-24-53</u>		REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Paul Amos</u>						ADDRESS <u>Shawnee, Kansas</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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Erwin E. Russell

Signed.....  
Student Embalmer

Licensed Embalmer No. 4811

P. O. Address Shawnee, Kan

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.