

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9896**
1350

FILED MAR 27 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>3 1/2</u> yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3019 Euclid Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>3019 Euclid Avenue</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u>		b. (Middle) <u>Harry</u>		c. (Last) <u>Ives Sr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 3 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 4 1883</u>		
				9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Days _____ IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Switchman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Rock Island R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Malrose, Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Melford Ives</u>			13b. MOTHER'S MAIDEN NAME <u>Jennie DOWNEY</u>			14. NAME OF HUSBAND OR WIFE <u>Gertrude Ives</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. # 1</u>			16. SOCIAL SECURITY NO. <u>708-14-3592</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. GERTRUDE IVES</u>			ADDRESS <u>3019 EUCLID AVE 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u> ANTECEDENT CAUSE <u>Primary Carcinoma of right lung</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> <u>15 mos.</u> <u>16 1/2</u>	
II. OTHER SIGNIFICANT CONDITIONS / Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION <u>12-17-1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of lung</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)		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>Apr. 14, 1952</u> , to <u>March 3, 1953</u> , that I last saw the deceased alive on <u>March 1, 1953</u> , and that death occurred at <u>4:10 A.M.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Robert Jansen</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>2220 E 31st St</u>		23c. DATE SIGNED <u>3-3-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR-6-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>3-6-53</u>		REGISTRAR'S SIGNATURE <u>Eraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Mours... Kansas City Mo</u> ADDRESS <u>1331 BOSTON CREEK</u>				

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

Sto 1818

1918

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 Honey

Licensed Embalmer No. 4724

P. O. Address Cashland, 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.