THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14661

FILED MAY 14 1953

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4237 Registrar's No. 187

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Raytown Brooking Twnsp
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6115 Blue Ridge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Raytown Brooking Twnsp
d. STREET ADDRESS (If rural, give location): 6115 Blue Ridge

3. NAME OF DECEASED (Type or Print)
a. (First): FLORENCE
b. (Middle): M.
c. (Last): KING

4. DATE OF DEATH (Month) 4 (Day) 30 (Year) 53

5. SEX: Fe
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7-30-1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Miller County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John W. West
13b. MOTHER'S MAIDEN NAME: Ruth Taris
14. NAME OF HUSBAND OR WIFE: William King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.: 492-38-6796
17. INFORMANT'S SIGNATURE OR NAME: Chas. King, 5912 E. U.S. Hyway 50 — ADDRESS

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): Carcinomatosis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Carcinoma Pancreas

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 8 Mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 157x
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-1-, 1953, *to* 4-30-, 1953 *that I last saw the deceased alive on* 4-29-, 1953, *and that death occurred at* 12-Noon *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree of title): L. G. Potter, M.D.
23b. ADDRESS: 724 Prg Bldg K.C. Mo
23c. DATE SIGNED: 4-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-2-53
24c. NAME OF CEMETERY OR CREMATORY: Floral Hills Cem.
24d. LOCATION (City, town, or county): Kansas City (State): Mo.

DATE REC'D BY LOCAL REG.: 4-30-53
REGISTRAR'S SIGNATURE: Jane H. Craigo 354
25. FUNERAL DIRECTOR'S SIGNATURE: J W Wagner — ADDRESS: K C Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

14-Aug
B4 3418

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 Alvin R. Haunschi

Licensed Embalmer No. 4159

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.