

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18159**
2424
Registrar's No. _____

FILED **MAY 27 1953**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital | | d. STREET ADDRESS (If rural, give location) 4001 Bell | |

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|-------------------------------------|---------------------------|------------------------------|----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) GEORGIE | b. (Middle) SOUTHWELL | c. (Last) MAY | 4. DATE OF DEATH (Month) (Day) (Year) 5 10 1953 |
|-------------------------------------|---------------------------|------------------------------|----------------------|--|

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|----------------------|-------------------------------|---|----------------------------------|---|------------------------|----------------------|------------------------|-----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 6/3/1891 | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|----------------------|-------------------------------|---|----------------------------------|---|------------------------|----------------------|------------------------|-----------------------|

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| 10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) At Home | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Charles E. Southwell | 13b. MOTHER'S MAIDEN NAME Sadie Evans | 14. NAME OF HUSBAND OR WIFE H. W. May |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME H. W. May, 4001 Bell, K.C., Mo. | ADDRESS |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 5 1/2 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ovary Carcinoma latered | | |
| | 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. Generalized Carcinoma of the Intestine | | | 175+ |

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| 19a. DATE OF OPERATION 3/4/53 | 19b. MAJOR FINDINGS OF OPERATION Generalized Carcinoma of Ovary & Cervix & Ovarian Carcinoma | 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) (Min.) | 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 2/21, 1953 to 5/10, 1953, that I last saw the deceased alive on 3/8, 1953 and that death occurred at 1:15 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE Harold L. Gainey (Degree or title) MD | 23b. ADDRESS 4635 Uppendale St | 23c. DATE SIGNED 5/11/53 |
|--|---------------------------------------|---------------------------------|

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|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5/12/53 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
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| DATE REC'D BY LOCAL REG. 5-11-53 | REGISTRAR'S SIGNATURE Deraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE FREEMAN MORTUARY & CHAPEL, K.C., MO. | ADDRESS |
|---|--|--|---------|

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

Dr. Price - 4635 Weyando Sta.
Or. 2400 - on terms of
acceptance

1949

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 *James Green*

Licensed Embalmer No. 2939

P. O. Address H. O. W.

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

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