

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18213

State File No. 2336

FILED MAY 24 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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 town or township) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 57 YEARS		e. STREET ADDRESS (If rural, give location) 2732 TROOST AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2732 TROOST AVENUE		f. STREET ADDRESS 2732 TROOST AVENUE	
3. NAME OF DECEASED (Type or Print) a. (First) ANNA		b. (Middle) LIZZA	
c. (Last) PEASE		4. DATE OF DEATH (Month) (Day) (Year) 5-9-53	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 16 1879
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Hamilton, Ohio
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Edward Houser		13b. MOTHER'S MAIDEN NAME DORA SIRPHERLAND	
14. NAME OF HUSBAND OR WIFE George E. Pease		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr. George E. Pease	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHO PNEUMONIA ANTECEDENT CAUSES DUE TO (b) METASTATIC CARCINOMA OF LIVER DUE TO (c) CARCINOMA OF GALL BLADDER II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES, HYPERTENSION	
19a. DATE OF OPERATION NOV. 1953		19b. MAJOR FINDINGS OF OPERATION CANCER OF GALLBLADDER, METASTASIS TO LIVER	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 5 DAYS 7 MONTHS 1 YEAR 10 YEARS	
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 <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 JUNE 1951 , to MAY 3, 1953 that I last saw the deceased alive on MAY 3, 1953 and that death occurred at 10:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Billie L. Tomlinson (Degree or title) Billie L. Tomlinson, D.O.		23b. ADDRESS Wichita Blg. Kansas City Missouri	
23c. DATE SIGNED 5-4-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 6, 1953	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. 5-5-53	REGISTRAR'S SIGNATURE Sheraldine Smith	FUNERAL DIRECTOR'S SIGNATURE DW Newcomer	

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elmer Thomas*.....

Licensed Embalmer No. *264*.....

P. O. Address *Kansas City*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.