

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24729**
3245

No. 300
10. 48

FILED JUL 17 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 township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 42 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3838	
		d. STREET ADDRESS (If rural, give location) 6108 Morningside Drive 0	

3. NAME OF DECEASED (Type or Print) a. (First) EDNA b. (Middle) E. c. (Last) CUTINO		4. DATE OF DEATH (Month) (Day) (Year) 6-23-53	
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 20, 1886
9. AGE (In years last birthday) 67		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Baltimore, Maryland /
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Henry Dressel	13b. MOTHER'S MAIDEN NAME Elise Roehner	14. NAME OF HUSBAND OR WIFE Edmund D. Cutino
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 ADDRESS Wm. E. Byers, 1110 Commerce Bldg., K.C.MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of uterus				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		DUE TO (b) Metastasis		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS		
		Conditions contributing to the death but not related to the disease or condition causing death.		174X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 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 May 16, 1953, to June 22, 1953, that I last saw the deceased alive on June 23, 1953, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE H. P. Boughton (Degree or title) M.D.	23b. ADDRESS 315 Nichols Rd. Kansas City, Mo.	23c. DATE SIGNED 6/25/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	24b. DATE 6-26-53	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Temple
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		

DATE REC'D BY LOCAL REG. 6-26-53	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE K.C.MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. H.P. Gairman
315 Michalski Rd.
Lo. 7400
11 A.M.

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 F.S. Walton

Licensed Embalmer No. 2744

P. O. Address 11 C. 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.