

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28702

State File No. 4055

FILED SEP. 11 1953

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If location: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		3788	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6025 Elmwood</u>		d. STREET ADDRESS (If rural, give location) <u>6025 Elmwood</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marcella Elvina</u> b. (Middle) _____ c. (Last) <u>Kasper</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 15, 1953</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
<u>Married</u>		<u>Married</u>		8. DATE OF BIRTH <u>Mar. 24, 1916</u>	
9. AGE (In years last birthday) <u>37</u>		10. UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 1 HS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work and during most of work life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Prosser, Neb.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>James A. Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Redman</u>		14. NAME OF HUSBAND OR WIFE <u>Gordon Kasper</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>547-36-8857</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gordon Kasper</u> ADDRESS <u>6025 Elmwood R. C. Mo.</u>	

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) <u>Intestinal Obstruction</u>		DUE TO (b) <u>metastatic carcinoma</u>			<u>2 weeks</u>	
ANTECEDENT CAUSES		DUE TO (c) <u>Carcinoma of uterus</u>			<u>2 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS			<u>3 yrs</u>	
		Conditions contributing to the death but not related to the disease or condition causing death. <u>colaxia</u>			<u>174X</u>	
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) (Min.)		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 Aug 14, 1953, to Aug 15, 1953, that I last saw the deceased alive on Aug 15, 1953, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>William L. Doane</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>713 Main, Grandview, Mo.</u>		23c. DATE SIGNED <u>8-15-53</u>	
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24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>Aug 18, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Tonganoxie, Kansas</u>	
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DATE REC'D BY LOCAL REG. <u>8-15-53</u>		REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>C. Harvey Quisenberry</u> ADDRESS <u>Tonganoxie, Kansas</u>	
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JUN 7 1962

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.....

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working under my personal supervision.

Student Embalmer No.

Signed.....

Hervey Quisenberry

Signed.....
Student Embalmer

Licensed Embalmer No. 4070

P. O. Address Tougaloochee

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

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