

FILED NOV 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

36066

5020

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>3118</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>22 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>519 West 11th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MRS. ELNA</u>		b. (Middle) <u>N.</u>		c. (Last) <u>SATTERLY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 18, 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 16, 1891</u>	
9. AGE (in years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Wellington Apts.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John L. Powell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Patton</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-05-3284</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nola Clay, 430 W. 11th, K.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>Peritonitis</u>		DUE TO (b) <u>Post-operative wound disruption</u>				<u>10 days</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.		DUE TO (c) <u>Cholecystectomy & Duodenectomy</u>				<u>14 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Bronchopneumonia</u>				<u>1 week</u>	
19a. DATE OF OPERATION <u>9-11-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Chronic Cholecystitis, Common duct and hepatic duct stones</u>				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) <u>584X</u> (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>6-30</u> , 19 <u>53</u> , to <u>10-18</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-18</u> , 19 <u>53</u> , and that death occurred at <u>11:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Alexander Shifrin</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1406 Bryant Bldg., K.C. Mo</u>		23c. DATE SIGNED <u>10-19-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Princeton, Missouri</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>10-20-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE UND. CO. K.C. MO.</u>			

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

Dr. A. Lapham
1406 Bryant Bldg.
Vi. 2967

TOD 11:15 PM

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 *F. S. Walton*

Licensed Embalmer No. *274*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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