

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1273**

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **307**

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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 58 YEARS		3. DATE OF DEATH (Month) (Day) (Year) January 18, 1954	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 75 ADDRESS 8242 Virginia Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Eleanor b. (Middle) L. c. (Last) Delvaux			4. DATE OF DEATH (Month) (Day) (Year) January 18, 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH JUNE-29-1895		9. AGE (In years last birthday) 58		10. IF UNDER 1 YEAR: Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give 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. CITIZENSHIP OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME ALISHA LEDOUX		13b. MOTHER'S MAIDEN NAME LOUISE BELANGER		14. NAME OF HUSBAND OR WIFE Adriann J. Delvaux	
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 MRS. LOUISE LEDOUX	
				ADDRESS 4306 THE PASCO KANSAS CITY MO	

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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of spleen		flexure of colon				1 mo.	
ANTECEDENT CAUSES		DUE TO (b) perforation & peritonitis.				1 WA	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)				153X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 **1-10-1954** to **1-18-1954**, that I last saw the deceased alive on **1-17-1954**, and that death occurred at **11:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. R. Lyndon, Jr. (Degree or title) MD		23b. ADDRESS 1027 E. 75, ASUMB		23c. DATE SIGNED 1-19-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 21 1954		24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
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DATE REC'D BY LOCAL REG. 1-20-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE DW Newcomer		ADDRESS 1831 28th St, Green	
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(Licensed Embalmer's Statement on Reverse Side)

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

10-2-37

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 Clare V. Carr, Jr.

Licensed Embalmer No. 4934

P. O. Address H. C. 10, Mo.

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.