

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1662**
Registrar's No. **6**

FILED FEB 1 1954

BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **5572**

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 Rural Prairie Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Twp	
c. LENGTH OF STAY (In this place) 64 yrs		d. STREET ADDRESS (If rural, give location) 87th St 2nd Indiana, 2000	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Jackson Co Emergency Hospital			

3. NAME OF DECEASED (Type or Print) Miss Etta L Daley	a. (First) L b. (Middle) Daley c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 1-10-1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7-27-1879	9. AGE (In years last birthday) 74	10 UNDER 1 YEAR Months Days	11 UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (City and State or Foreign Country) Dixon Co. Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Willard J Daley	13b. MOTHER'S MAIDEN NAME Frances Townsend	14. NAME OF HUSBAND OR WIFE none
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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 William E Daley	ADDRESS 87th Indiana
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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 29 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized metastasis of Cancer		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Cancer of Breast		
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 checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **12-13, 1953**, to **1-10, 1954**, that I last saw the deceased alive on **1-10, 1954**, and that death occurred at **1:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David W. H. M.D.	23b. ADDRESS Johnson County Hospital	23c. DATE SIGNED 1-11-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-11-54	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem	24d. LOCATION (City, town, or county) (State) Kansas City, MO
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DATE REC'D BY LOCAL REG. 1-11-54	REGISTRAR'S SIGNATURE M. B. Langford	25. FUNERAL DIRECTOR'S SIGNATURE France Wainall	ADDRESS Funeral Home K.C. MO
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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 _____

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working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed

Russell H. Lane

Licensed Embalmer No. _____

4255

P. O. Address _____

K. C. 7th

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.