

FILED JUN 3 1954

STANDARD CERTIFICATE OF DEATH

State File No. 15992
2216

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Kansas</p>		b. COUNTY <p style="text-align: center;">Johnson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) <p style="text-align: center;">Kansas City</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center;">1 day</p>		c. CITY OR TOWN <p style="text-align: center;">Overland Park</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">St. Joseph Hospital</p>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS (If rural, give location) <p style="text-align: center;">8615 West 74th Terrace 815th 9</p>					

3. NAME OF DECEASED (Type or Print)		a. (First) <p style="text-align: center;">EVA</p>		b. (Middle)		c. (Last) <p style="text-align: center;">KISER</p>		4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">May 17 1954</p>	
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5. SEX <p style="text-align: center;">Female</p>		6. COLOR OR RACE <p style="text-align: center;">White</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Widowed 2</p>		8. DATE OF BIRTH <p style="text-align: center;">Aug. 23, 1895</p>		9. AGE (In years last birthday) <p style="text-align: center;">58</p>		IF UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Cafe Owner</p>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Kansas /</p>				12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>	
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13a. FATHER'S NAME <p style="text-align: center;">Martin Alex Tease</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Mary Lucinda (Unknown)</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Roy W. Kiser</p>			
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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) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>		17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Dr. David Kiser, 8615 W. 74th Terr. Ov. Pk., Ks.</p>				ADDRESS	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u>						INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">18 mo.</p>	
		ANTECEDENT CAUSES Mortid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<p style="text-align: center;">151K</p>	

19a. DATE OF OPERATION <p style="text-align: center;">June, 1953</p>		19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">Metastatic Carcinoma (Primaries in Fundus and large bowel)</p>				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)		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 Sept., 1953, to May 17, 1954, that I last saw the deceased alive on May 16, 1954, and that death occurred at 3:15 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>John O. Baake</u> (Degree or title)?		23b. ADDRESS <u>7928 Marty</u>		23c. DATE SIGNED <u>5/17/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Removal</p>		24b. DATE <p style="text-align: center;">5-17-54</p>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Manhattan, Kansas</p>	
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">5-17-54</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Geraldine Smith</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">STINE & McCLURE UND. CO.</p>		ADDRESS <p style="text-align: center;">K.C.MO.</p>	
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(Licensed Embalmer's Statement on Reverse Side)

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 em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *J. T. Crowell*.....

Licensed Embalmer No. *490*

P. O. Address *K. G. M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.