

STANDARD CERTIFICATE OF DEATH

State File No. **18854**
2740

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

1. PLACE OF DEATH
a. COUNTY Jackson
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) Kansas City c. LENGTH OF STAY (in this place) 1 mo.
c. CITY OR TOWN Helder d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St Luke Hospital e. STREET ADDRESS (If rural, give location) R. 7 D Helder Mo.

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Anna c. (Last) Cartran 4. DATE OF DEATH (Month) (Day) (Year) JUNE 18 1954

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Dec 7 1919 9. AGE (in years last birthday) 34 10. MONTHS 6 11. DAYS 17 12. IF UNDER 18 Hrs. Hours 17 Min. 17

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife at home 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Helder Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Leo W Beach 13b. MOTHER'S MAIDEN NAME Evangeline Madan 14. NAME OF HUSBAND OR WIFE Bernard Cartran

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 Evangeline Beach ADDRESS Helder 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Levey with Metastases
ANTECEDENT CAUSES DUE TO (b) Carcinoma of Levey.
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
171x

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9/1, 1954, to June 18, 1954, that I last saw the deceased alive on 6-18, 1954 and that death occurred at _____ m. from the causes and on the date stated above.

23a. SIGNATURE Mary R. Thorne (Degree or title) _____ 23b. ADDRESS 1101 Bryant Bldg. 23c. DATE SIGNED _____

24a. BURIAL CREMATION (Specify) burial 24b. DATE June 31 '54 24c. NAME OF CEMETERY OR CREMATORY Helder Cemetery 24d. LOCATION (City, town, or county) (State) Helder Mo

DATE REC'D BY LOCAL REG. 6-18-54 REGISTRAR'S SIGNATURE Geraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE Charles H. Hoff ADDRESS Helder Mo

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

JS DEC 1 8 1959

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 *M. L. Cradley*.....

Licensed Embalmer No. *1250*.....

P. O. Address *Helder*.....

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.