

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

22950
State File No. 2891

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 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) OR TOWN KANSAS CITY

c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL NO. ONE

e. STREET ADDRESS (If rural, give location) 1230 Washington 3118

3. NAME OF DECEASED (Type or Print)
a. (First) IRENE b. (Middle) c. (Last) CONNER

4. DATE OF DEATH (Month) (Day) (Year) 6-25-54

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 6

8. DATE OF BIRTH 12-4-12

9. AGE (In years last birthday) 41 # UNDER 1 YEAR Days # UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Grand Rapids, Michigan

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Edward James Conner

13b. MOTHER'S MAIDEN NAME Fannie Jane Chandler

14. NAME OF HUSBAND OR WIFE none

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. R. A. Pursley ADDRESS Electra, Texas

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PRIMARY MELANOSCARCOMA OF LEFT FRONTO-PARIETAL AREA WITH EXTENSIVE METASTASIS
ANTECEDENT CAUSES
Morbid 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.

INTERVAL BETWEEN ONSET AND DEATH

1937

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15, 19 54 to 6-25, 19 54, that I last saw the deceased alive on 6-25, 19 54, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title)

23b. ADDRESS General Hospital # 1

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 6-27-54

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Grand Rapids, Michigan

DATE REC'D BY LOCAL REG. 6-26-54

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DW. NEWCOMERS SONS U.C. 710

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edward M. Storey*

Licensed Embalmer No. *572-1*

P. O. Address *445 Kansas*

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.