

FILED SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30557**  
Registrar's No. **4147**

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>149</b>   |  | PRIMARY REG. DIST. NO. <b>1002</b>   |  | Registrar's No. <b>4147</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>Jackson</b> |  |   |  |
| b. CITY OR TOWN <b>Kansas City</b>   |  | c. LENGTH OF STAY (in this place) <b>46 yrs.</b>  |  | c. CITY OR TOWN <b>Kansas City</b>   |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>   |  |   |  | f. STREET ADDRESS (If rural, give location) <b>110 North Lawndale</b>  |  |   |  |
| 3. NAME OF DECEASED (Type or Print) <b>MINNIE</b>  |  | a. (First)  |  | b. (Middle)  |  | c. (Last) <b>DRIESBACH</b>  |  |
| 4. DATE OF DEATH <b>Aug. 29, 1954</b>  |  | 5. SEX <b>Female</b>  |  | 6. COLOR OR RACE <b>White</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   |  |
| 8. DATE OF BIRTH <b>March 13, 1892</b>   |  | 9. AGE (In years last birthday) <b>62</b>   |  | 10. UNDER 1 YEAR Months _____ Days _____   |  | 11. UNDER 12 HRS. Hours _____ Min. _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>   |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>  |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |  |   |  | 13a. FATHER'S NAME <b>John Fisher</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>  |  |
| 14. NAME OF HUSBAND OR WIFE <b>Henry T. Driesbach</b>  |  |   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>                             |  | 16. SOCIAL SECURITY NO. <b>none</b>   |  |
| 17. INFORMANT'S SIGNATURE OR NAME <b>Henry T. Driesbach, 110 N. Lawndale, K.C. MO.</b> ADDRESS _____   |  |   |  |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                                |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Neoplasm of Liver from Metastases, Rt. Breast</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>Oct. 1953 to Aug 1954</b><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Carcinoma</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. _____<br><b>not</b> |  |  |  |   |  |
| 19a. DATE OF OPERATION <b>Nov. 1953</b>  |  | 19b. MAJOR FINDINGS OF OPERATION <b>Metastases of Rt. Breast Carcinoma to Rt. Axilla</b>  |  |  |  |   |  |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>July 29, 1954</b> , to <b>Aug 29, 1954</b> , that I last saw the deceased alive on <b>Aug 28, 1954</b> , and that death occurred at <b>2:30 a.m.</b> , from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE <b>L. Shireman</b> (Degree or title) <b>M.D.</b>  |  |   |  | 23b. ADDRESS <b>3017 Oak, K.C. Mo.</b>   |  | 23c. DATE SIGNED <b>Aug 30, 1954</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |  | 24b. DATE <b>9-1-54</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah</b>   |  | 24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>  |  |
| DATE REC'D BY LOCAL REG. <b>8-30-54</b>  |  | REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE UND. CO.</b>   |  | ADDRESS <b>K.C. MO.</b>   |  |

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

Mr. H. Sherman

Apr 2:30 AM

In Dr. Carter's office

Wagon Bldg. No 5037

Eleven to Five today

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.....  
*J. Crowell*

Licensed Embalmer No. 490

P. O. Address K C 9

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.