

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37310

State File No. \_\_\_\_\_

FILED NOV 23 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5041

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) 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 (If not in hospital or institution, give street address or location)  
General Hospital No. 1

f. STREET ADDRESS (If rural, give location)  
916 Charlotte 3138

3. NAME OF DECEASED (Type or Print)  
a. (First) Sarah b. (Middle) ROYLE c. (Last) Chapman

4. DATE OF DEATH (Month) (Day) (Year)  
10 29 1954

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
MARRIED

8. DATE OF BIRTH JAN. 25, 1873

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

10b. KIND OF BUSINESS OR INDUSTRY  
AT HOME

11. BIRTHPLACE (City and State or Foreign Country)  
LOUISVILLE, KENTUCKY

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME  
MORRIS BREWER

13b. MOTHER'S MAIDEN NAME  
LUCY WILSON

14. NAME OF HUSBAND OR WIFE  
TOM CHAPMAN

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 ADDRESS  
MRS. LOLA POOL, OKLAHOMA CITY, OKLA.

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 Carcinoma of liver with metastases  
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  
15<sup>+</sup>

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 Oct. 18, 19 54 to Oct. 29, 19 54, that I last saw the deceased  alive on Oct. 29, 19 54, and that death occurred at 3 A. m., from the causes and on the date stated above.

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

23b. ADDRESS  
24th & Cherry

23c. DATE SIGNED  
10-29-54

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

24b. DATE  
NOV. 1, 1954

24c. NAME OF CEMETERY OR CREMATORY  
GREEN LAWN CEMETERY

24d. LOCATION (City, town, or county) (State)  
KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.  
11-1-54 neva mussall

REGISTRAR'S SIGNATURE  
A. H. Newcomer

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
1221. RAYMOND CREEK Kansas City, Mo.

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

*B. H. H.*

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..... *Basil V. Honey*

Licensed Embalmer No. *472*

P. O. Address *K.C., Mo.*

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.