

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37426**
Registrar's No. **5131**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. 5131	
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 town or township) Kansas City		c. LENGTH OF STAY (In this place) 24 Yrs.		c. CITY OR TOWN Kansas City		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 St. Mary's Hospital				STREET ADDRESS (If rural, give location) 3923 Roanoke Parkway Road ³⁷⁰⁸			
3. NAME OF DECEASED (Type or Print) ROSCOE		a. (First)		b. (Middle)		c. (Last) HOMAN	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 1, 1879	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Butler Mfg. Co.		10b. KIND OF BUSINESS OR INDUSTRY STEELE PRODUCTS		9. AGE (In years last birthday) 75		4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1954	
11. BIRTHPLACE (City and State or Foreign Country) Ohio				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William R. Homan		13b. MOTHER'S MAIDEN NAME Agatha Muehleman		14. NAME OF HUSBAND OR WIFE Ethel H. Homan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Spanish Amer. 495-03-8500		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel H. Homan ADDRESS K. C. Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Metastatic Carcinomatosis of liver and abdominal organs.		ANTECEDENT CAUSES Adenocarcinoma of rectum & colon				6 mo	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Terminal emaciation and jaundice				1 3/4 yrs	
II. OTHER SIGNIFICANT CONDITIONS Adenocarcinoma of rectum and colon		Conditions contributing to the death but not related to the disease or condition causing death				154 1/2	
19a. DATE OF OPERATION 12-31-53		19b. MAJOR FINDINGS OF OPERATION Colon removed by Dr Fred Campbell last December with a colectomy				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none			
22. I hereby certify that I attended the deceased from 10-9-1949 , to 11-4-1954 , that I last saw the deceased alive on 11-4-1954 and that death occurred at 2 A m. , from the causes and on the date stated above.							
23a. SIGNATURE J. Harvey Jennett (Degree or title) MD				23b. ADDRESS 427 Professional Bldg Kansas City Mo		23c. DATE SIGNED 11-5-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 11-8-54		24c. NAME OF CEMETERY OR CREMATORY Elmwood		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 11-6-54		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary		ADDRESS Kansas City, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
J. Harvey Jennett

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M. J. Barnes

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 Clayton K Barnes

Licensed Embalmer No. 479

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.