

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

5551

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>8 wks.</u>	c. CITY OR TOWN <u>Chicago</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		STREET ADDRESS (If rural, give location) <u>3015 Armitage Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ZENOBIA</u>	b. (Middle) <u>EUGENIA</u>	c. (Last) <u>COLMORR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-2-1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>Dec-10-1889</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) <u>Waitress</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>School of Nursing</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Daniel B. Hensley Jr.</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schwinger</u>	14. NAME OF HUSBAND OR WIFE <u>Eugene Colmorr</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No, unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucille Hamwalt</u>	ADDRESS <u>487 S. 4th St.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>175 h</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca of R. ovary</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Ca of Pancreas</u>		
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.			

19a. DATE OF OPERATION <u>11-16-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ca of R. ovary</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-5-54 to 12-2-54, that I last saw the deceased alive on 12-2-54 and that death occurred at 10:30 a.m., from the causes and on the date stated above.

22a. SIGNATURE <u>Eugene D. Parsons</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Plainfield, Ill.</u>	22c. DATE SIGNED <u>12-3-54</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec-4-1954</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-3-54</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	24. FUNERAL DIRECTOR'S SIGNATURE <u>C.N. Blackburn</u>	ADDRESS <u>San Inc. K.C. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

VS MAR 1 4 1988

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 *W.C. Rinne* .....

Licensed Embalmer No. *487* .....

P. O. Address *W.C. Ma* .....

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.