

FILED JAN 3 1955

STANDARD CERTIFICATE OF DEATH

State File No. **41056**
5682

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|--|--|--|---|---|---|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | | |
| 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) OR TOWN KANSAS CITY | | c. LENGTH OF STAY (in this place) 40 years | | c. CITY OR TOWN KANSAS CITY | | d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1512 Washington St. | | | | STREET ADDRESS (If rural, give location) 1512 Washington St. | | | | 3298 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ROSS | | b. (Middle) EVERETT | | c. (Last) LA FEVRE | | 4. DATE OF DEATH (Month) (Day) (Year) DEC. 9, 1954 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH July 31, 1886 | | | |
| 9. AGE (In years last birthday) 68 | | IF UNDER 1 YEAR Months | | IF UNDER 24 HRS. Hours | | Mia. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic | | | 10b. KIND OF BUSINESS OR INDUSTRY 24-Hour Garage | | | 11. BIRTHPLACE (City and State or Foreign Country) Norton, Kansas | | | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | 13a. FATHER'S NAME Jerome B. La Fevre | | 13b. MOTHER'S MAIDEN NAME Jennette Cormace | | 14. NAME OF HUSBAND OR WIFE Margie M. La Fevre | | |
| 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. 486-09-6996 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Margie M. La Fevre 1512 WASHINGTON | | | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the Pancreas DUE TO (c) & general Metastasis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old age | | | | | | INTERVAL BETWEEN ONSET AND DEATH 157X | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 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) m. | | 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 12-7- , 19 54 , to 12-9- , 19 54 , that I last saw the deceased alive on 12-7- , 19 54 , and that death occurred at 12:15 P.m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) C. A. Welttschiff M.D. | | | | 23b. ADDRESS 215 Myrtle Bldg. K.C. Mo. | | 23c. DATE SIGNED 12-10-54 | | | |
| 24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial | | 24b. DATE 12-13-54 | | 24c. NAME OF CEMETERY OR CREMATORY Linwood | | 24d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo. | | | |
| DATE REC'D BY LOCAL REG. 12-11-54 | | REGISTRAR'S SIGNATURE newa minshall | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Quirk & Tobin-20 W. Linwood, K.C. Mo. | | | | | |

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
C. A. Welttschiff

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 *Forrest D. Caldwell*

Licensed Embalmer No. *4714*

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.