

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41331**
5582

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>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY OR TOWN <u>Kansas City, Mo.</u>	c. LENGTH OF STAY (In this place) <u>3 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph 0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>2722 Mulberry</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>Mary</u> c. (Last) <u>Libung</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 3 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Jan 23 1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>registered nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>nursing</u>	11. BIRTHPLACE (State or foreign country) <u>Lucerne Switzerland</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Claspinus Libung</u>	
13b. MOTHER'S MAIDEN NAME <u>Agatha M Burkhardt</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NUMBER <u>489-36-4384</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Agatha M Libung</u>		ADDRESS <u>St. Joseph, Mo.</u>	

18. CAUSE OF DEATH Either only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, metastatic to abd</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Carcinoma of cervix</u>		1711
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>2-27-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Biopsy - cervix - carcinoma</u>		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) (Min)	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 Dec 1, 1954, to Dec 3, 1954, that I last saw the deceased alive on Dec 2, 1954, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. B. Campbell</u> (Degree or title)	23b. ADDRESS <u>1240 P. B. Campbell, St. Joseph, Mo.</u>	23c. DATE SIGNED <u>12-3-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-3-54</u>	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>NEATON-BOWMAN</u> ADDRESS <u>Mortuary St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side) By S. O'CONNOR'S

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

Cause of death

JAN 6 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

John R. Dilmon

Licensed Embalmer No. 4531

P. O. Address Kansas City, Mo

Signed.....
Student Embalmer

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 this body is not embalmed, fact should be so stated above.