

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1216

200

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		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>Miller</u>					
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>3 months</u>		c. CITY OR TOWN <u>Ulsman</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3511 Messinger</u>				STREET ADDRESS (If rural, give location) <u>0660</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLEO</u> b. (Middle) <u>OLIVE</u> c. (Last) <u>MCCOMMONS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 14-1955</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 23-1887</u>			
9. AGE (in years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Miller County, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wm. Blankenship</u>		13b. MOTHER'S MAIDEN NAME <u>Cornelia Wolverton</u>		14. NAME OF HUSBAND OR WIFE <u>J.L. McCommons</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bernice Coates</u> ADDRESS <u>3511 Messinger</u>					
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) <u>Carcinoma metastatic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Emboli Shrouen - 7 hrs left leg - chest.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Primary not found.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Oct 54</u> <u>1991</u>	
19a. DATE OF OPERATION <u>Nov 9 54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Metastatic Carcinoma of Abdomen.</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) _____		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 <u>Nov 20-24, 1954</u> , to <u>Jan 14, 1955</u> , that I last saw the deceased alive on <u>Jan 14, 1955</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Olaf Coleman</u> (Degree or title) <u>Dr</u>				23b. ADDRESS <u>5811 Furman Rd</u>		23c. DATE SIGNED <u>1-14-55</u>			
24a. BURIAL OR CREMATION (Specify) <u>Cremation</u>		24b. DATE <u>Jan. 16-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hawkins Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Ulsman, Missouri</u>			
DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE <u>1-15-55 neva minshall</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.H. Blackman + Son Inc. K.C., Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

7 Nov 44 04.

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 *H.C. Rinne*.....

Licensed Embalmer No. *481*

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.