No. 300
10.46

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

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8306

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 956

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS City
c. LENGTH OF STAY (In this place): 50 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: KANSAS City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 2234 EAST 67th TERRACE

3. NAME OF DECEASED (Type or Print)
a. (First): HAZEL
b. (Middle): NONA
c. (Last): Lundsted

4. DATE OF DEATH (Month) (Day) (Year): Feb 28, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, ~~NEVER MARRIED~~, ~~WIDOWED~~, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Aug 14, 1891
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (City and State or Foreign Country): Fayetteville Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James McPetter
13b. MOTHER'S MAIDEN NAME: Bessie Unknown
14. NAME OF HUSBAND ~~OR WIFE~~: Carl Arthur Lundsted

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: James H. Lundsted
ADDRESS: 6635 Chestnut K.C. Mo.

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): Carcinomatosis of abdominal cavity — 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): adeno carcinoma of both ovaries — ?

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 175X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Carcinomatosis of abdomen. Adenocarcinoma of both ovaries
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/29, 1955, *to* 2/28, 1955, *that I last saw the deceased alive on* 2/28, 1955, *and that death occurred at* 5:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. B. Schutz (Degree or title): MD
23b. ADDRESS: 320 W 47th St.
23c. DATE SIGNED: 3/1/55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Mar. 3. 1955
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Mt. Moriah Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: 3-3-55
REGISTRAR'S SIGNATURE: Nera Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomer's Sons
ADDRESS: 133 Brush Creek Blvd K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Adrian Jay Stitt

Licensed Embalmer No. 488

P. O. Address K. C., M

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.