

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8469

FILED APR 14 1955

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

1289

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 town) Kansas City c. LENGTH OF STAY (in this place) 1 yr  
c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1  
STREET ADDRESS (If rural, give location) 4915 Troostwood Rd. 375-8

3. NAME OF DECEASED (Type or Print)  
a. (First) Goldie b. (Middle) M. c. (Last) Whalen

4. DATE OF DEATH (Month) (Day) (Year)  
3 22 1955

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH July 4, 1903 9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Months 0 Days 10 IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (City and State or Foreign Country) Omaha, Nebraska 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank E. Jensen 13b. MOTHER'S MAIDEN NAME Marie Caughey 14. NAME OF HUSBAND OR WIFE Patrick Whalen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XXXX

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Patrick Whalen, Holden, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of breast rt.

ANTECEDENT CAUSES DUE TO (b) Extensive metastases to liver

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Bronchial pneumonia

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

INTERVAL BETWEEN ONSET AND DEATH 2 yrs  
8 weeks  
170X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 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) 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 Oct. 13, 1954, to March 22, 1955, that I last saw the deceased alive on March 22, 1955, and that death occurred at 9:26 A.M., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) 23b. ADDRESS 24th & Cherry 23c. DATE SIGNED 3-22-1955

24a. BURIAL CREMATION (REMOVAL) (Specify) Burial 24b. DATE March 25 1955 24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery 24d. LOCATION (City, town, or county) (State) Holden Mo

DATE REC'D BY LOCAL REG. 3-22-55 REGISTRAR'S SIGNATURE Neva Marshall FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canada St & Ross, Holden Mo

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

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 *M. J. Canaday*.....

Licensed Embalmer No. 342.....

P. O. Address *Heldon,*.....

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.