

FILED MAY 24 1955 STANDARD CERTIFICATE OF DEATH

State File No. **15572**

BIRTH NO. _____ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2001

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Kansas b. COUNTY Wyandotte

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. LENGTH OF STAY (In this place) 5 days

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospt. 27th Flor

d. STREET ADDRESS (If rural, give location) 3506 Silver

3. NAME OF DECEASED (Type or Print)
a. (First) Agnes b. (Middle) Isabelle c. (Last) Piatt

4. DATE OF DEATH (Month) (Day) (Year)
May 6 1955

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH January 7 1898

9. AGE (In years last birthday) 57 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 Home

11. BIRTHPLACE (City and State or Foreign Country) Erie, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. Fouts

13b. MOTHER'S MAIDEN NAME Helen Duckworth

14. NAME OF HUSBAND OR WIFE Albert B. Piatt

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. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Albert B. Piatt Kansas City Ks.

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) Intestinal obstruction
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic adenocarcinoma
DUE TO (c) Adenocarcinoma Uterus
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 week
2 1/2 yrs
2 yrs
175X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: adenocarcinoma small intestine, colon and liver.

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 April 1953, to May 6, 1955 that I last saw the deceased alive on May 6, 1955, and that death occurred at 2 A. M., from the causes and on the date stated above.

23a. SIGNATURE E. A. Fawks (Degree or title) D.O.

23b. ADDRESS 8621 Johnson Dr

23c. DATE SIGNED 5-7-55

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE May 9 1955

24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Kansas

DATE REC'D BY LOCAL REG 5-7-55 REGISTRAR'S SIGNATURE Reva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Simmons Funeral Home KCK

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
Student Embalmer

Signed *Donovan K. James*

Licensed Embalmer No. *4928*

P. O. Address: *K. E. K*

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.