

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15625**  
**1872**

FILED MAY 19 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Sugar Creek Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>3 days</b>		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 <b>General Hospital # 1</b>		STREET ADDRESS (If rural, give location) <b>2114 Benton- 10809 Ohio</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lillian</b> b. (Middle) _____ c. (Last) <b>Stwalley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 26 55</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed 2</b>	8. DATE OF BIRTH <b>11-26-72</b>	9. AGE (In years last birthday) <b>82</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>CRAWFORD CO. MISSOURI</b>	
10c. CITIZEN OF WHAT COUNTRY? _____		12. CITIZEN OF WHAT COUNTRY? _____		

13a. FATHER'S NAME <b>ANDREW LUTICUM</b>		13b. MOTHER'S MAIDEN NAME <b>HELDEN HOLLINGWORTH</b>		14. NAME OF HUSBAND OR WIFE <b>JAM STWALLEY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>CHESTER KARNES 2114 BENTON</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Papillary adeno carcinoma involving the ovaries, uterus, culdesac and omentum, origin undetermined</b>		DUE TO (b) _____		<b>1998</b>	
ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		_____			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.) _____		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 April 23, 1955, to April 26, 1955, that I last saw the deceased alive on April 26, 1955, and that death occurred at 9:48 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>B.I. Burns, M.D.</b>		23b. ADDRESS <b>24th &amp; Cherry Sts.</b>		23c. DATE SIGNED <b>4/28/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-29-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. WASHINGTON</b>	
24d. LOCATION (City, town, or county) (State) <b>MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>SHEILA FUNERAL HOME</b>		ADDRESS <b>MO</b>	
DATE REC'D BY LOCAL REG. <b>4-28-55</b>		REGISTRAR'S SIGNATURE <b>new Marshall</b>		_____	

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.....  
*Thomas A. Sheil*

Licensed Embalmer No. *492*

P. O. Address.....*N.C.*

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