

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22133
3265

FILED AUG 11 1955

State File No. _____
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

I. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (if outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>14 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8508 Independence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>8508 Independence</u> <u>32080</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>AGNES</u> c. (Last) <u>FRYE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 29 55</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-15-1876</u>
9. AGE (In years) (Last birthday) <u>78</u> IF UNDER 1 YEAR: Months <u>-</u> Days <u>-</u> IF UNDER 24 HRS.: Hours <u>-</u> Min. <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson County, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Mathew Bollin</u>	
13b. MOTHER'S MAIDEN NAME <u>Julia Byron</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Frye</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bess McElwee</u> ADDRESS <u>K.C., Mo.</u>			
MEDICAL CERTIFICATION			
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, asthemia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Disseminated Carcin</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sarcoma of left breast & metastasizes to regional lymph nodes</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atherosclerosis of aorta</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>8/49 to 7/29/55</u> <u>aug 1949</u>	
19a. DATE OF OPERATION <u>4/26/1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Sarcoma of left breast</u>	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>170X</u>	
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>8-20, 1944</u> , to <u>7-29, 1955</u> , that I last saw the deceased alive on <u>7-13, 1965</u> and that death occurred at <u>7:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ethel Watson</u> <u>Ethel Watson</u> MD		23b. ADDRESS <u>129 W Lexington Independence Mo</u>	
23c. DATE SIGNED <u>7-29-55</u>		24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-1-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Park Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Carroll County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. N. Blackburn</u>	
DATE REC'D BY LOCAL REG. <u>7-31-55</u>		REGISTRAR'S SIGNATURE <u>newa minshall</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>K.C. Mo</u>		_____	

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..... *Bert B. Bennett*

Licensed Embalmer No... *46*

P. O. Address *Kansas*

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.