

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22415

State File No.

FILED AUG 3-1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2954</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>JACKSON</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</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"/>	
c. LENGTH OF STAY (in this place) <u>46 YRS</u>		STREET ADDRESS (If rural, give location) <u>2210 LAWN 3230</u>		3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>ELAINE</u>		b. (Middle) <u>V</u>		c. (Last) <u>STURTZ</u>		<u>July 7 1955</u>	
5. SEX <u>W F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 13-1909</u>	
9. AGE (In years last birthday) <u>46</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SEC. BOOKKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FRED MORSE DUSTRY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>K.P. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>RICHARD E. O'CONNEL</u>		13b. MOTHER'S MAIDEN NAME <u>IDA P BROWN</u>		14. NAME OF HUSBAND OR WIFE <u>STANLEY S STURTS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-03-4733</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>STANLEY S STURTZ 2210 Lawn</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>			
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUE TO (b) <u>Carcinoma of Breast</u>			
DUE TO (c)				5 years			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				170X			
19a. DATE OF OPERATION <u>3-5-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Breast to Axillary Metastases</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>March 5, 1951</u> , to <u>July 7, 1955</u> , that I last saw the deceased alive on <u>July 7, 1955</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Underwood, Jr. M.D.</u>				23b. ADDRESS <u>1600 Prof Bldg KC Mo</u>		23c. DATE SIGNED <u>7-11-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JULY 11-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Washington Kansas City Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>7-11-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>N.W. Newcomer, K.C., Mo.</u>			

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

DR
Johnson
Underwood SR.
1600 Pro Bldg.

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 *Edward M. Storey*

Licensed Embalmer No. *44*

P. O. Address *K.P. 4*

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.