

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 28 1955

29701

State File No. _____

3967

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If different residence before death, give residence in parentheses) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (at this place) <u>8 days</u>		c. CITY OR TOWN <u>Belton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MENORAH MEDICAL CENTER</u>				STREET ADDRESS (If rural, give location) <u>209 Nockberry</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>ELWOOD</u> c. (Last) <u>DEFABAUGH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 9 55</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 30, 1880</u>		
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Orthodontic Tech.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Optical</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Raymore Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Stella Defabaugh</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>G.E. Defabaugh</u> ADDRESS <u>K.C. Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MEDICAL CERTIFICATION Gastrointestinal Hemorrhage severe</u> Causes not determined <u>metastatic carcinoma primary in ileum</u> DUE TO (b) <u>severe Diverticulosis of Jejunum & Duodenum. + Polyps of small intestine</u> DUE TO (c) <u>Metastatic Carcinoma to Liver & Abdominal Lymph Nodes</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>153X</u>	
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) (Min.) _____		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>7-28</u> , 19 <u>55</u> , to <u>9-9</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9-9</u> , 19 <u>55</u> , and that death occurred at <u>8:30A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Raymond J. Caffrey</u> (Degree of title) <u>M.D.</u>				23b. ADDRESS <u>713 Main, Mandeville, Mo</u>		23c. DATE SIGNED <u>9-9-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-6-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-10-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		FUNERAL DIRECTOR'S SIGNATURE <u>George Spudis</u> ADDRESS <u>Belton Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

By Stoddard

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

No. 300
10-48

741. 8300

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 *Stirling E. Gossett*

Licensed Embalmer No. *491*

P. O. Address *Grandview*

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.