

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33248

State File No. \_\_\_\_\_

4190

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Jackson</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY OR TOWN <b>Kansas City</b>		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 <b>Research Hospital</b>				STREET ADDRESS (If rural, give location) <b>90 916 W. 12nd 37080</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>NELLIE</b>		b. (Middle)		c. (Last) <b>GRACE</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug 22, 1879</b>	
9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months <u>4</u> Days <u>5</u>		IF UNDER 24 HRS. Hours <u>   </u> Min. <u>   </u>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 27 1955</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Saleswoman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Plaza Card Shop</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Patrick Quinn</b>		13b. MOTHER'S MAIDEN NAME <b>Johanna Maher</b>		14. NAME OF HUSBAND OR WIFE <b>Edward</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>497-26-1848</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Bert Pearson 8615 Sagamore Rd.</b>			
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) <b>Carcinoma of right ovary</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic heart disease</b>				INTERVAL BETWEEN ONSET AND DEATH     <b>15*</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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>Jan 23</u> , 19 <u>55</u> , to <u>Sept 27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Sept 27</u> , 19 <u>55</u> , and that death occurred at <u>4<sup>00</sup> p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>E. G. Kettner</b> (Degree or title) <b>E. G. Kettner</b>				23b. ADDRESS <b>Kansas City Mo</b>		23c. DATE SIGNED <b>9/28/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-29-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>	
DATE REC'D BY LOCAL REG. <b>9-28-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody McGilley-Eylar 1800 E. Linwood</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

E. G. Kettner

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 *James E. Fackler*  
Licensed Embalmer No. *45*

P. O. Address *H. C. 9*

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