

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36957

FILED NOV 29 1955

4895

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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. LENGTH OF STAY (in this place) <b>52 yrs.</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>				e. STREET ADDRESS (If rural, give location) <b>201 West Armour</b>				348			
3. NAME OF DECEASED (Type or Print) <b>MARGUERITE</b>			a. (First)		b. (Middle)		c. (Last) <b>NESBITT</b>				
4. DATE OF DEATH <b>Nov. 11, 1955</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>Aug. 6, 1890</b>		9. AGE (In years last birthday) <b>65</b>				
5. SEX <b>Female</b>			6. COLOR OR RACE <b>white</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>11. BIRTHPLACE (City and State or Foreign Country) BOWSMAN, Montana</b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>11. BIRTHPLACE (City and State or Foreign Country) BOWSMAN, Montana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>						
13a. FATHER'S NAME <b>Frank J. Nesbitt</b>			13b. MOTHER'S MAIDEN NAME <b>Lyda Rogers</b>			14. NAME OF HUSBAND OR WIFE <b>---</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>497-34-2716A</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Jessie McKay, 201 W. Armour, K.C. Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Peritonitis possibly 2 mths</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>metastatic Carcinoma to peritoneum may. 1955 and liver</b> DUE TO (c) <b>Carcinoma of the ovary April 1952</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Broncho-pneumonia Terminal</b>				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION <b>4-18-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Pan Hysterectomy - Carcinoma of ovary 1951</b>						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 <b>March, 1948</b> , to <b>Nov 11, 1955</b> , that I last saw the deceased alive on <b>Nov 11, 1955</b> , and that death occurred at <b>10:00 P.M.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Carl R. Ferris</b>				(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>535 Argyle Bldg Kansas City Mo</b>		23c. DATE SIGNED <b>Nov 12, 1955</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-12-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>					
DATE REC'D BY LOCAL REG. <b>11-12-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE UND. CO.</b>		ADDRESS <b>K.C. MO.</b>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Carl R. Ferris

**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.....  
*Ronald J. [Signature]*

Licensed Embalmer No. *48*

P. O. Address *KE 9*

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.