

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40503**
5283

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN Rich Hill	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5-DAYS		k. STREET ADDRESS (If rural, give location) 20701	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital			

3. NAME OF DECEASED (Type or Print) ELISABETH	a. (First)	b. (Middle)	c. (Last) DELL	4. DATE OF DEATH (Month) (Day) (Year) DEC. 5, 1955
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5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 1. WIDOWED, 2. DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 5, 1894	9. AGE (In years last birthday) 71	if UNDER 1 YEAR Days	if UNDER 24 HRS. Hours	if UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) Chicago, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE GEORGE E. DELL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. FLORAN COX	ADDRESS 3229 HIGHLAND KANSAS CITY, MO
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6-8 mos 15 1/2 8 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma left Colon with Metastases		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) tases DUE TO (c) Acute Intestinal Obstruction		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 11-23, 1955 to 12/5/55, that I last saw the deceased alive on Dec 4, 1955 and that death occurred at 1:03A m., from the cause and on the date stated above.

23a. SIGNATURE (Degree or title) John H. Ogilvie M.D.	23b. ADDRESS 224 Nialto	23c. DATE SIGNED 12/5/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE Dec-6-1955	24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 12-6-55	REGISTRAR'S SIGNATURE new minshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS	ADDRESS 1337 3/4 S. CREEK KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John H. Ogilvie

Aug 30 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm^{N07}

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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