

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40545
5205

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE KANSAS b. COUNTY Douglas

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. CITY OR TOWN Leavenworth

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital

STREET ADDRESS (If rural, give location) Rt. 4 8158

3. NAME OF DECEASED
a. (First) Jessie E. E. b. (Middle) c. (Last) Flint

4. DATE OF DEATH (Month) (Day) (Year) 11 30 1955

5. SEX Female

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 12-18-01

9. AGE (In years last birthday) 53

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (City and State or Foreign Country) Leavenworth, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Toothacker

13b. MOTHER'S MAIDEN NAME Asia Crook

14. NAME OF HUSBAND OR WIFE Rollin C. Flint

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 ADDRESS Rollin C. Flint - Leavenworth, Mo.

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) Peritonitis and pt. peritonitis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pelvic operation for advanced endometrial cancer 11-22-55
DUE TO (c) Diabetes mellitus obesity
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

172X

19a. DATE OF OPERATION 11-22-55

19b. MAJOR FINDINGS OF OPERATION Endometrial cancer, Stage III

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1, 1955, to 11-30, 1955, that I last saw the deceased alive on 11-29, 1955, and that death occurred at 6:24 A.M., from the causes and on the date stated above.

23a. SIGNATURE George O. Miles (Degree or title) M.D.

23b. ADDRESS 411 Michals Rd. K.C., Mo.

23c. DATE SIGNED 11-30-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 11-30-55

24c. NAME OF CEMETERY OR CREMATORY Mt. Muncie

24d. LOCATION (City, town, or county) (State) Leavenworth, Kansas

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 11-30-55 neverminshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. C. DAVIS UND Co. LEAVENWORTH, KANSAS

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

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.....

Licensed Embalmer No. 250

P. O. Address Low, Pa.

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.