

FILED MAR 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4576

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

894

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 institution: residence before admission). 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, Mo.</u>		c. LENGTH OF STAY (in this place) <u>55 yrs.</u>		c. CITY OR TOWN <u>Kansas City</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>St. Luke's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>4600 Nichols Parkway</u>				
3. NAME OF DECEASED (Type or Print) <u>Florence</u>			a. (First)		b. (Middle)		c. (Last) <u>ALLEY</u>	
4. DATE OF DEATH <u>Feb 27 1956</u>		(Month) (Day) (Year)		5. SEX <u>F</u>		6. COLOR OR RACE <u>wh</u>		
7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>9-21-1872</u>		9. AGE (in years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>8</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Augusta, Maine</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Edward Perry</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah S. Wight</u>			14. NAME OF HUSBAND OR WIFE <u>Harry Alley</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Georgia West, 5500 Chadwick, K.C. 3, Ks.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis - generalized</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of breast</u> DUE TO (c) <u>metastases to liver, ribs, pelvis, &amp; scalp.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>4 mo.</u> <u>1 yr.</u> <u>170X</u>	
19a. DATE OF OPERATION <u>9/2/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of breast with secondary infection</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		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)		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>1/17/1956</u> , to <u>2/27/1956</u> , that I last saw the deceased alive on <u>2/27/1956</u> and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. Q. Chambers Jr. M.D.</u>				23b. ADDRESS <u>1103 Grand Ave</u>		23c. DATE SIGNED <u>2/28/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-29-56</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Augusta, Maine</u>		
DATE REC'D BY LOCAL REG. <u>2-29-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; McCLURE UND. CO. K.C.MO.</u>				

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 *Gerald A. Burger*.....

Licensed Embalmer No. *4263*

P. O. Address *K. C. Mo*.....

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.