

FILED FEB 17 1956

STANDARD CERTIFICATE OF DEATH

State File No. 4705
Registrar's No. 239

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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 OR TOWN Kansas City, Mo.		c. LENGTH OF STAY (in this place) 22 days	c. CITY OR TOWN Lawrence		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 St. Luke's Hospital			STREET ADDRESS (If rural, give location) 1000 Alabama 815⁰ 8		
3. NAME OF DECEASED (Type or Print) Mabelle		a. (First)	b. (Middle) M.	c. (Last) CORL	4. DATE OF DEATH (Month) (Day) (Year) 1 - 19 - 56
5. SEX Fe.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9-1-88	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME W. R. Tucker		13b. MOTHER'S MAIDEN NAME ----- Carey	14. NAME OF HUSBAND OR WIFE C. E. Corl	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME C.E. Corl, 1000 Alabama, Lawrence, Kansas		ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Generalized Adhesive Peritonitis			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Intestinal Rupture secondary to resection of left colon			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition directly leading to death. Adenocarcinoma of colon			153x

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of rectosigmoid		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)	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 **Dec 10, 1955** to **January 19, 1956**, that I last saw the deceased alive on **July 18, 1956**, and that death occurred at **6:02 a.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George H. Thiele, M.D.		23b. ADDRESS 411 Nichol Rd. St. Mo.	23c. DATE SIGNED 1/19/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-19-56	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Lawrence, Kansas

DATE REC'D BY LOCAL REG. 1-19-56	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.	ADDRESS K.C., MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
George H. Thiele

JUL 1 1959

MAY 22 1958

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 *Eugene J. Kinnin*.....

Licensed Embalmer No. *4633*

P. O. Address *Kansas City, 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.