

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13492

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1452

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 6 yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Trinity Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 40 2003 East 29th. St. 3400	
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Jane c. (Last) Slaughter		4. DATE OF DEATH (Month) (Day) (Year) March 31, 1956	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-14-1894
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) practical nurse	11. BIRTHPLACE (City and State or Foreign Country) Duffau, Texas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) practical nurse		10b. KIND OF BUSINESS OR INDUSTRY Nursing	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Wesley Dodgen		13b. MOTHER'S MAIDEN NAME Nancy Catherine Scott	14. NAME OF HUSBAND OR WIFE Ira Slaughter
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. 323-03-0630	17. INFORMANT'S SIGNATURE OR NAME Robert Dodgen
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) Carcinomatosis of Peritoneum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mucoid in type DUE TO (c) Source undetermined 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 type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 158X	
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 <u>3-15-56</u> , 19 <u>56</u> , to <u>3-31-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-31-56</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Earl R. Knox M.D.</i>		23b. ADDRESS 224 Quetta Alley	23c. DATE SIGNED 4-4-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-3-56	24c. NAME OF CEMETERY OR CREMATORY Maple Hill	24d. LOCATION (City, town, or county) (State) Kansas City, Kans.
DATE REC'D BY LOCAL REG. 4-3-56		REGISTRAR'S SIGNATURE <i>Neva Marshall</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Quirk & Tobin</i>		ADDRESS 20 West Linwood	

(Licensed Embalmer's Statement on Reverse Side)

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) Carcinomatosis of Peritoneum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Peritoneum (mucoid) DUE TO (c) Primary Undetermined 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 <i>metastasis in Card Knox 4-3-56</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Earl R. Knox M.D.</i>		23b. ADDRESS 500 W. 14th St. Kansas City, Mo.	23c. DATE SIGNED 4-3-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-3-56	24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
DATE REC'D BY LOCAL REG. 4-3-56		REGISTRAR'S SIGNATURE <i>Neva Marshall</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Quirk & Tobin</i>		ADDRESS QUIRK & TOBIN - 20 West Linwood	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Earl R. Knox

INK
FPA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
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.
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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by *Thomas P. Raeph* Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
James P. McElley Jr.

Licensed Embalmer No.....
426

P. O. Address.....
KC Mo

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