

FILED JUL 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20464**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 2557

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) Town Kansas City	c. LENGTH OF STAY (in this place) 38 Yrs.	c. CITY OR TOWN Kansas City	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 Research Hospital		STREET ADDRESS (If rural, give location) 4019 Tracy 3648	

3. NAME OF DECEASED (Type or Print) a. (First) Jacob	b. (Middle) W.	c. (Last) Desvaux	4. DATE OF DEATH (Month) (Day) (Year) June 8, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 17, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motorman, K. C. Public Service		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 65 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 14 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) Wyaconda, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Lewis Desvaux	13b. MOTHER'S MAIDEN NAME Eliza Davis	14. NAME OF DECEASED'S WIFE Zella M. Desvaux
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. 486-07-5191	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Zella M. Desvaux, 4019 Tracy, K. C. 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinomatosis, peritoneal cavity, primary site undetermined by autopsy. Probably primary liver.		155X
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bi-lateral thrombo-phlebitis, deep leg veins	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) (Min.)	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 May 1, 1956, to June 8, 1956, that I last saw the deceased alive on June 8, 1956, and that death occurred at 10:10p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name, Degree or title) Orald Perry M.D.	23b. ADDRESS 4800 East 24	23c. DATE SIGNED June 11, 1956
24a. BURIAL OR REMOVAL (Specify) Burial	24b. DATE June 11, 1956	24c. NAME OF CEMETERY Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		

DATE REC'D BY LOCAL REG. 6-11-56	REGISTRAR'S SIGNATURE Neve Minshel	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO., 3235 Gillham Plaza
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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 *J. S. Walton*.....

Licensed Embalmer No. *2774*

P. O. Address *K. C. M.*

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.