

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

229920

STATE FILE NUMBER

FILED AUG 13 1956

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 205

1. PLACE OF DEATH a. COUNTY CALLAWAY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY 3528		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT IN HOSPITAL, give location) HOSPITAL OR INSTITUTION STATE Hosp. # 1		Length of stay in 1b 33 yrs	d. STREET ADDRESS (If outside, give location) 3437 TROOST		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) VIOLET			4. DATE OF DEATH Aug. 3, 1956		
5. SEX F			6. COLOR OR RACE W		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>			8. DATE OF BIRTH NOT KNOWN ABOUT 50		
9. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. AGE (In years last birthday) 50		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Typist			10b. KIND OF BUSINESS OR INDUSTRY SAME		
11. BIRTHPLACE (City and state or country) D.K.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME D.K.			14. MOTHER'S MAIDEN NAME D.K.		
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 Hosp. Records			Address ST. Hosp. # 1 FULTON, Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CANCER of Rectum OSI9-MO10 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? 154X YES <input type="checkbox"/> NO <input type="checkbox"/>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from MARCH 18, 1950 to AUG 3, 1956 and last saw her alive on AUG 3, 1956 Death occurred at 10:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Rolf Stanku M.D. (Degree or title)		22b. ADDRESS ST. Hosp # 1 FULTON, Mo		22c. DATE SIGNED Aug. 3, 1956	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/8/56		23c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
23d. LOCATION (City, town, or county) Columbia		23e. (State) Mo.			
24. FUNERAL DIRECTOR Robert D. Blanton		25. DATE RECD. BY LOCAL REG. Aug 8 - 1956		26. REGISTRAR'S SIGNATURE Maretha Lawrence	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

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.