

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 8 - 1956

State File No. **23744**
3206

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>70 yrs</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>300 BENTON BLVD. BENNETT MANOR REST HOME</u>		e. STREET ADDRESS (If rural, give location) <u>2300 COLLEGE AVENUE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADDA</u> b. (Middle) <u>C.</u> c. (Last) <u>HAMILTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 23-1956</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Nov 9-1883</u>
9. AGE (In years last birthday) <u>73 7/2</u>		10. 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>PLATTVILLE OHIO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ALEX TERRELL</u>	
13b. MOTHER'S MAIDEN NAME <u>ADA DUNCAN</u>		14. NAME OF HUSBAND OR WIFE <u>M.F. CORLEN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>497-36-5015</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>ALVIN GAULKE</u>		ADDRESS <u>7415 WAYNE KANSAS CITY MO.</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>Lobar pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of brain (metastatic)</u> DUE TO (c) <u>Metastatic Primary carcinoma of breast</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>190X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>1936</u> , to <u>July 22</u> , 1956, that I last saw the deceased alive on <u>July 22 1956</u> , and that death occurred at <u>6:30 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Allen L. Hearst MD</u>		23b. ADDRESS <u>1100 Prof. Bldg, Law City, Mo</u>	
23c. DATE SIGNED <u>7-23-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>JULY 24 56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>D.W. Newcomer</u>		24d. LOCATION (City, town, or county) (State) <u>K.E. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-24-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u>		ADDRESS <u>1331. BAUSH CROCK KANSAS CITY 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 *Edward M. Stern*.....
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Licensed Embalmer No.....

P. O. Address *K. C. 101*.....

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.