

FILED AUG 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26968
3296

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.			
1. PLACE OF DEATH a. COUNTY Jackson County Mo				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, Mo		c. LENGTH OF STAY (In this place) 8 days		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 St. Luke's Hospital				e. STREET ADDRESS (If rural, give location) 516 3212 Bellefontaine				350	
3. NAME OF DECEASED (Type or Print) FRANCES			a. (First)			b. (Middle) Jenkins			
c. (Last)			4. DATE OF DEATH 7-29-56			5. SEX F			
6. COLOR OR RACE W			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed			8. DATE OF BIRTH 5-13-26			
9. AGE (In years last birthday) 70			10. KIND OF BUSINESS OR INDUSTRY at home			11. BIRTHPLACE (City and State or Foreign Country) Leavenworth Kansas			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME John Orzechowski			
13b. MOTHER'S MAIDEN NAME Pauline Golletz			14. NAME OF HUSBAND OR WIFE George Jenkins			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			
16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Son - John Jenkins			ADDRESS 3212 Bellefontaine			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cholecystitis (postoperative)		ANTECEDENT CAUSES						1 week	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Arterial Hypertension						1 year	
		DUE TO (c) Acute Hypoadrenalism in shock - 4 days							
		II. OTHER SIGNIFICANT CONDITIONS						4 days	
		Acute Congestive Pneumonia							
19a. DATE OF OPERATION 7-25		19b. MAJOR FINDINGS OF OPERATION acute cholecystitis, cholelithiasis, hydrops of gall bladder						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) m.		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 7-22, 1956, to 7-29, 1956, that I last saw the deceased alive on 7-29, 1956, and that death occurred at 8:40 A.M., from the causes and on the date stated above.									
23a. SIGNATURE Graham Asher (Degree or title) M.D.				23b. ADDRESS 1220 Prof. Bldg. - Kansas City, Mo			23c. DATE SIGNED 7-30-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 1 1956		24c. NAME OF CEMETERY OR CREMATORY St Mary's Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Missouri			
DATE REC'D BY LOCAL REG. 7-30-56		REGISTRAR'S SIGNATURE, Neva Minchall			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody McGilley Eylar Kan City Mo				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Do As Last
Prof Bldg.
11-2-8186
any time after PM.*

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 *James E. Kaufman*

Licensed Embalmer No. *457*

P. O. Address *K C M*

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.