

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27068

STATE FILE NUMBER

FILED AUG 29 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3189

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, give TOWNSHIP only) Inside Limits OR Kansas City Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY Kansas City, Inside Limits OR 3736 Wyoming Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> TOWN <i>9th St</i>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR Research Hospital 302 yrs. INSTITUTION.		d. STREET (If outside, give location) Reside on Farm ADDRESS 3736 Wyoming Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Inez K. Nitchy First Middle Last			4. DATE OF DEATH August 9, 1956 Month Day Year
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 30, 1899
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and state or country) Kokomo, Ind.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Leonard Pritchard	
14. MOTHER'S MAIDEN NAME Unknown		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. 493-92-8760		17. INFORMANT Mr. George Nitchy Address 3736 W Wyoming	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Melanotic adenocarcinoma of anus 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) Terminal anemia due to mechanical intestinal blockage			INTERVAL BETWEEN ONSET AND DEATH 8 yrs. 1917
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 Aug 1954 to 8/9/56 and last saw her alive on 8/9/56 Death occurred at 9:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John W. Cashman, M.D. (Degree or title)		22b. ADDRESS 535 Angulo Bldg KC Mo	
22c. DATE SIGNED 8/9/56		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 8-11-56		23c. NAME OF CEMETERY OR CREMATORY Crown Point Cemetery	
23d. LOCATION (City, town, or county) (State) Kokomo, Ind		24. FUNERAL DIRECTOR Muehlebach Funeral Home ADDRESS 6800 Troost	
25. DATE RECD. BY LOCAL REG. 8-9-56		26. REGISTRAR'S SIGNATURE Mrs. Minshall	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
John W. Cashman, M.D.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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MEDICAL CERTIFICATION

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.....
Wm. L. Ward

Licensed Embalmer No. 398

P. O. Address 308 E 68
S. E. Mo

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