

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34076
State File No. 4450
Registrar's No.

FILED NOV 2-1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY Jackson
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY Jackson

b. CITY OR TOWN Kansas City c. LENGTH OF STAY (In this place) 7 days
c. CITY OR TOWN Blue Springs d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes
STREET ADDRESS (If rural, give location) Route 2 6 Mi. S. W. Blue Springs

3. NAME OF DECEASED a. (First) Harriet b. (Middle) M c. (Last) Low
4. DATE OF DEATH (Month) (Day) (Year) 10-12-56

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7-29-95 9. AGE (In years last birthday) 61
If UNDER 1 YEAR: Months Days If UNDER 2 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and State or Foreign Country) Westmoreland, Tenn
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alfred F. Cooper 13b. MOTHER'S MAIDEN NAME Georgianna Flowers
14. NAME OF HUSBAND OR WIFE Rev. Charles H. Law

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'S SIGNATURE OR NAME ADDRESS Rev. Charles H. Law, RR 2, Blue Springs Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma Ovary
INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Ovary. 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
175X

19a. DATE OF OPERATION Feb '55
19b. MAJOR FINDINGS OF OPERATION carcinoma of ovary, bilateral
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (a) 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 NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 5, 1956, to Oct 11, 1956, that I last saw the deceased alive on Oct 11, 1956, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. Y. Thomas, Jr., M.D.
23b. ADDRESS 315 Nichols Road, K.C. Mo.
23c. DATE SIGNED Oct 12 '56

24a. BURIAL CREMATION REMOVAL (Specify) Burial
24b. DATE Oct. 14, 1956
24c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery
24d. LOCATION (City, town, or county) (State) Lee's Summit, Mo.

DATE REC'D BY LOCAL REG. 10-13-56 REGISTRAR'S SIGNATURE Neva Marshall
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Langsford Funeral Home, Lee's Summit, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
C. Y. THOMAS, JR.

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 *N. B. Langsdorf*.....
Licensed Embalmer No. 4962

P. O. Address Lee's Summit

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.