

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37920

State File No.

FILED DEC 13 1956

5111

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5111

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

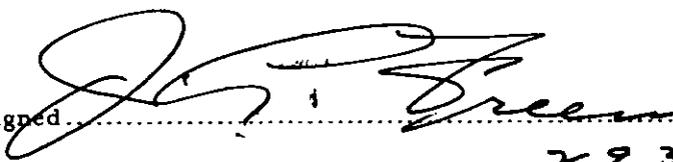
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 50 yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		STREET ADDRESS (If rural, give location) 4539 Broadway	
3. NAME OF DECEASED (Type or Print) a. (First) GOLDEN b. (Middle) B. c. (Last) CAULK		4. DATE OF DEATH (Month) (Day) (Year) Nov. 25, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 26, 1878
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Saleslady		10b. KIND OF BUSINESS OR INDUSTRY Klines Store, Inc.	11. BIRTHPLACE (City and State or Foreign Country) Lebanon, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John A. Caulk	
13b. MOTHER'S MAIDEN NAME Martha E. Wood		14. NAME OF HUSBAND OR WIFE -----	
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. 466-09-6707	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles F. Foster		ADDRESS 4539 Broadway, K.C. Mo	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Breast DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 6 mo		170X	
19a. DATE OF OPERATION Aug 26		19b. MAJOR FINDINGS OF OPERATION Carcinoma	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE	
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) (Minute) 11:25		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 You , 19 53 , to death , 19 56 , that I last saw the deceased alive on 11-25 , 19 56 , and that death occurred at 7:00 P.M. , from the 6:00 P.M. to the date stated above.	
23a. SIGNATURE M. D. Osgood		23b. ADDRESS 104 P. V. MEDICAL BLDG. 71ST AT TOMAHAWK	
23c. DATE SIGNED 11-26-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	
24b. DATE Nov. 28, 1956		24c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory	
24d. ADDRESS PRAIRIE VILLAGE, KANSAS		24e. CITY, TOWN, OR COUNTY (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 11-26-56		REGISTRAR'S SIGNATURE Neva Marshall	
25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary		ADDRESS Kansas City, Missouri	

4140 W. 71ST
PRAIRIE VILLAGE, KANSAS
(WEST 71ST & IOWA HWY
RD)
SUITE 104
AFTER 2:00 PM.
MONDAY

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.....


Licensed Embalmer No. 293
P. O. Address J. O. Green

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.