

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37961

STATE FILE NUMBER 5068

FILED DEC 13 1956

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

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) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		d. STREET ADDRESS 2304 Drury St.	
Length of stay in hospital 47 years		Reside on Farm Yes XX No 0	

3. NAME OF DECEASED (Type or print) **Also known as 1st Georgia Middle Lee Last Hoar**
GEORGIA LEE DEALY Hoar

4. DATE OF DEATH **Month Day Year**
Nov. 21, 1956

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 6, 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cook	10b. KIND OF BUSINESS OR INDUSTRY Cafeteria	11. BIRTHPLACE (City and state or country) Jackson County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME **Levi Potts**

14. MOTHER'S MAIDEN NAME **Seni E. Slaughter**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No None

16. SOCIAL SECURITY NO. **496 24 8503**

17. INFORMANT, **McGhee** Address **Mrs. Pansy McGhee 2304 Drury St., K.C. Mo**

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Carcinomatosis**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) **Carcinoma of Stomach**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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 NOT WHILE AT WORK

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 **April 10, 1956** to **Nov. 21, 1956** and last saw her ^{him} alive on **Nov. 21, 1956**
 Death occurred at **4:00 pm** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **H. A. Underwood, M.D.**

22b. ADDRESS **5700 E. 24th K.C. MO**

22c. DATE SIGNED **11/23/56**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

23b. DATE **Nov. 23, 1956**

23c. NAME OF CEMETERY OR CREMATORY **Blue Springs Cemetery**

23d. LOCATION (City, town, or county) (State) **Blue Springs, Missouri.**

24. FUNERAL DIRECTOR ADDRESS **Geo. C. Carson & Son's Independence, Mo**

25. DATE RECD. BY LOCAL REG. **11-23-56**

26. REGISTRAR'S SIGNATURE **Neva Marshall**

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION JAN 24 1957

U.S.

300
1-56

with
Welfare
Public
Service

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 Tom D. Marble.....

Licensed Embalmer No. 45

P. O. Address Indep.

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.