

Health, Welfare and Public Service
 300
 -56
 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

STANDARD CERTIFICATE OF DEATH

38064

FILED DEC 7-1956

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5020

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) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF DECEASED (If in institution, give location) HYDE PARK NURSING		d. STREET ADDRESS NEWBERN HOTEL	
3. NAME OF DECEASED (Type or print) MURTHE F. HUFFY		4. DATE OF DEATH NOV-19-1956	
5. SEX FEMALE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
6. COLOR OR RACE WHITE		8. DATE OF BIRTH AUG-20-1880	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		11. BIRTHPLACE (City and state or country) MINNEAPOLIS, MINNESOTA	
13. FATHER'S NAME UNKNOWN JONES		14. MOTHER'S MAIDEN NAME MARY JANE THOMAS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Mrs. CLIFFORD SMITH		Address 5816 HOWE MISSION, KANSAS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma Right Parietal & Multiple Metastasis esp. to Brain</i>			INTERVAL BETWEEN ONSET AND DEATH 6 mo +
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			170+
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Rheumatoid Arthritis</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a. m. _____ p. m. _____ Month, Day, Year _____			
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 Nov 1, 1956 to Nov 18, 1956 and last saw her alive on Nov 14, 1956 Death occurred at 1:35 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl H. Reitz (Degree or title) <i>Carl H. Reitz M.D.</i>		22b. ADDRESS 404 1/2 W. 75th KC, Mo	
		22c. DATE SIGNED 11-19-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE NOV-20-1956	
23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 11-20-56	
ADDRESS 331 R.C. MO. BRUSH CREEK BLVD		26. REGISTRAR'S SIGNATURE <i>Reva Marshall</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Raymond M. Hardy*.....

Licensed Embalmer No. *49*.....

P. O. Address *Indep*.....

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