

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1956

STATE FILE NUMBER
4758

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) KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD		Length of stay in hospital 30 yrs	d. STREET ADDRESS 2403 INDIANA		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE LAST JULIA TATE			4. DATE OF DEATH Month Day Year OCTOBER 29, 1956		
5. SEX 3 FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> 3	8. DATE OF BIRTH 9-28-1910	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months Days Hours Min. 7
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 country) Nashua, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Henry Thatcher			14. MOTHER'S MAIDEN NAME Maud Kelley		
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. Unknown	17. INFORMANT Address Florine Tate 2915 E. 29th, Kansas City, 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) <u>Toxemia</u> 2. <u>Bilateral hydronephrosis; partial ureteral obstruction</u> DUE TO (b) <u>Preirradiated ulcerated carcinoma of the cervix with extension to the wall of the uterus, the adnexae and large</u> DUE TO (c) <u>Metastatic extension of the periaortic lymph nodes</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION <u>Intestines.</u>					INTERVAL BETWEEN ONSET AND DEATH 1917
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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		20g. COUNTY STATE
21. I attended the deceased from <u>9-29-56</u> , to <u>10-29-56</u> and last saw her alive on <u>10-29-56</u> Death occurred at <u>3:45 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Richard L. Owens M.D.</u>			22b. ADDRESS <u>1034 Rialto Bldg K.C. Mo.</u>		22c. DATE SIGNED <u>11-3-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>11/3/ 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivett Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Liberty, Missouri</u>	
24. FUNERAL DIRECTOR <u>C.E. Davis</u>		ADDRESS <u>K.C., Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-3-56</u>	26. REGISTRAR'S SIGNATURE <u>Neval Marshall</u>	

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Richard L. Owens
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 *Lewis H. Jackson*.....

Licensed Embalmer No. *48*

P. O. Address *K.C.*

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.