

STANDARD CERTIFICATE OF DEATH

4568

STATE FILE NUMBER

FILED MAR 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 710

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	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp. # 1		Length of stay in lb 40 yrs.	d. STREET ADDRESS 1813 E 83 Street
		(If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) Lillie M Barrows			4. DATE OF DEATH Feb. 13 '57		
First	Middle	Last	Month	Day	Year

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 8-13-1882	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY SLIP COVERTING & DRAPERIES	11. BIRTHPLACE (City and state or country) Blue Springs, Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
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13. FATHER'S NAME W. A. L. Morrison	14. MOTHER'S MAIDEN NAME MARGARET LOWER
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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 Hospital Records, K. C. Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the sigmoid colon with metastases to the liver		INTERVAL BETWEEN ONSET AND DEATH 153X
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		

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.) 1
20c. TIME OF INJURY Hour 3:00 Month, Day, Year a. m. p. m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 Blue Springs, Mo.	COUNTY	STATE
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21. I attended the deceased from **Jan. 10, '57** to **Feb. 13, '57** and last saw her alive on **Feb. 13, '57**
Death occurred at **3:00 am** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. I. Burns M.D.	22b. ADDRESS 24th & Cherry Sts.	22c. DATE SIGNED 2/13/57
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 2-14-57	23c. NAME OF CEMETERY OR CREMATORY Blue Springs Cemetery	23d. LOCATION (City, town, or county) (State) Blue Springs, Mo.
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24. FUNERAL DIRECTOR West Mortuary	ADDRESS Blue Springs, Mo.	25. DATE RECD. BY LOCAL REG. 2-14-57	26. REGISTRAR'S SIGNATURE Neal Marshall
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. I. Burns

MEDICAL CERTIFICATION

number

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by Embalmed in K.C.M., Student Embalmer No. working under my personal supervision..

Student Signature of Student Embalmer

Signed John R. Sidm Licensed Embalmer No. 4

P. O. Address

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.