THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4614
STATE FILE NUMBER

FILED MAR 13 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 901

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3222 Woodland — Length of stay in Hospital or Institution: 55 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City 3528 62 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 3222 Woodland — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First ANN Middle [redacted] S Last CARPENTER
4. DATE OF DEATH: Month Feb Day 26 Year 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH: May 7, ~~1869~~ 1868
9. AGE (In years last birthday): ~~89~~ 88
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Youngstown, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Patrick Kearns
14. MOTHER'S MAIDEN NAME: Bridget Judge
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. F. L. Feierabend Address 7345 Wyoming K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 5 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Schirrhous duct carcinoma left breast — 5 years
DUE TO (c) — 170X
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 X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 1
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
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 Sept., 1956 to Feb. 26, 1957 and last saw her alive on Feb. 19, 1957
Death occurred 3:10 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE J. E. Castles (Degree or title) M. D.
22b. ADDRESS 1002 Argyle Building
22c. DATE SIGNED 2/26/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-28-1957
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) Hickman Mills, Missouri (State)
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home ADDRESS 1800 E. Linwood
25. DATE RECD. BY LOCAL REG. 2-26-57
26. REGISTRAR'S SIGNATURE Neva Marshall
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. E. Castles

Dr J. E. Castle
Argyle Bldg
Ha 1-5037

1 - 5PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 29

P. O. Address ....ICC....

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.