

THE DIVISION OF REALTIES OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5018  
STATE FILE NUMBER

FILED MAR 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 704

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Elms Nursing Home</b>			Length of stay in 15 days <b>20 Years</b>		d. STREET ADDRESS <b>1326 East Armour</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>EDITH</b> Middle <b>ALICE</b> Last <b>SPRINGER</b>				4. DATE OF DEATH <b>February 10, 1957</b> Month <b>February</b> Day <b>10</b> Year <b>1957</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept. 10, 1882</b>		9. AGE (In years last birthday) <b>74</b> IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at Home</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Harrisonville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Ross Diehl</b>				14. MOTHER'S MAIDEN NAME <b>Hortense Mable Jackson</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Wm. B. Springer - 6620 El Monte</b> Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatosis</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Adenocarcinoma of ovary</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)							INTERVAL BETWEEN ONSET AND DEATH <b>?</b> <b>?</b> <b>1957</b>		
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.) <b>None</b>						
20c. TIME OF INJURY Hour <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/> a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>									
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 <b>11-7-55</b> to <b>death</b> and last saw her alive on <b>2-10-57</b> Death occurred at <b>3:00 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>MOS</b> (Degree or title)					22b. ADDRESS <b>104 P. V. MEDICAL BLDG. 71ST AT TOMAHAWK</b>			22c. DATE SIGNED <b>2-11-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>2-13-1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oakland Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>PRAIRIE VILLAGE, KANSAS Harrisonville, Missouri</b>		
24. FUNERAL DIRECTOR <b>Stine &amp; McClure - Kansas City, Mo.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>2-13-57</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>			

(Licensed Embalmer's Statement on Reverse Side)

with, welfare, public service, 100, -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  
G. M. Osgood M. D.

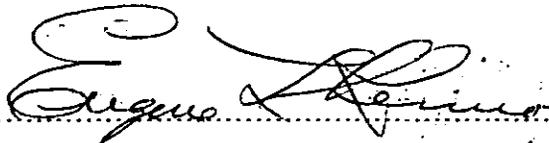
MEDICAL CERTIFICATION

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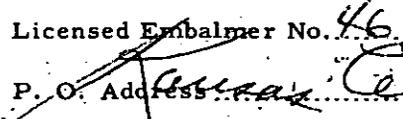
STATEMENT BY LICENSED EMBALMER

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 .....

Licensed Embalmer No. 46

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.