

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13247

FILED APR 16 1957

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 1497

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|--|-------------------------------|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Kansas City</u> <u>8150 8</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1809 East 72nd Ter.</u> | | | Length of stay in lb <u>6 mo.</u> | | d. STREET ADDRESS (If outside, give location) <u>2609 Essex</u> |
| 3. NAME OF DECEASED (Type or print) First <u>AGNES</u> Middle <u>LAWRENCE</u> Last <u>LAWRENCE</u> | | | 4. DATE OF DEATH <u>Mar. 30, 1957</u> | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan. 23, 1878</u> | 9. AGE (In years last birthday) <u>79</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</u> | 11. BIRTHPLACE (City and state or country) <u>Pittsburg, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13. FATHER'S NAME <u>Edward Mc Mahon</u> | | | 14. MOTHER'S MAIDEN NAME <u>Agnes Fyette Stout</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT Address <u>Mrs. Isabelle Taylor, Kansas City, Mo.</u> | | |
| 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>Neuron haze due to ruptured esophageal varices</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>13 hours</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | DUE TO (b) <u>Generalized Carcinomatosis</u> <u>1 year</u> |
| DUE TO (c) <u>Squamous Cell Carcinoma of Cervix</u> <u>5 years</u> | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Diabetes Mellitus; Arteriosclerosis, Generalized</u> | | | | | 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 <u>a. m.</u> Month, Day, Year <u>p. m.</u> | | | | | |
| 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 <u>1953</u> to <u>3/30/57</u> and last saw <u>her</u> alive on <u>3/29/57</u> Death occurred at <u>138 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | | | 22b. ADDRESS <u>2500 Johnson Dr., KC 315</u> | | 22c. DATE SIGNED <u>3/30/57</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 23b. DATE <u>Apr. 1, 1957,</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Johnson Co, Kansas</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Gates Funeral Home, Kans. City, Ks.</u> | | 25. DATE RECD. BY LOCAL REG. <u>3-30-57</u> | | 26. REGISTRAR'S SIGNATURE <u>newa minshall</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
R. L. Newman

Miss. to by to Sign - Jan 1, 1911.

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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.....
Murray Wilson

Licensed Embalmer No. 498

P. O. Address *Shannon,*

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