

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16911

FILED JUN 12 1957

STATE FILE NUMBER 2453

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BATES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ARCHIE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		d. STREET ADDRESS (If outside, give location) Box 79 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb 1 DAY			

3. NAME OF DECEASED (Type or print) First Middle Last MAE LANELL ALIFREE			4. DATE OF DEATH Month Day Year MAY 25 1957		
--	--	--	---	--	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JANUARY 1 1918	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
------------------	---------------------------	---	------------------------------------	---------------------------------------	---	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	--

13a. FATHER'S NAME W. R. BRANSCOM	13b. MOTHER'S MAIDEN NAME MAE FRAZIER	14. NAME OF HUSBAND OR WIFE William Henry ALIFREE
--------------------------------------	--	--

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 Wm H. ALIFREE Address Box 79 ARCHIE, MISSOURI
---	---------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary thrombosis multiple, bilateral, secondary to thrombosis of the iliac and femoral veins bilateral. Generalized carcinomatosis of the peritoneal cavity and pleural cavity with extensive involvement of the omentum and lungs. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) and pleural cavity with extensive involvement of the omentum and lungs. DUE TO (c) Carcinoma was primary in the right ovary with formation.		INTERVAL BETWEEN ONSET AND DEATH Unable to state reported since Nov. 1956 large tumor
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 <input checked="" type="checkbox"/> NO <input 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 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
---	--	--	------------------------------	--------	-------

21. I attended the deceased from May 24, 1957 to May 25, 1957 and last saw her alive on May 24, 1957 Death occurred at 6:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Deceased or title) John Perry M.D.	22b. ADDRESS 1800 E. 24th Street	22c. DATE SIGNED 5-25-57
---	-------------------------------------	-----------------------------

23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE May 27, 1957	23c. NAME OF CEMETERY OR CREMATORY CRESCENT HILL CEMETERY	23d. LOCATION (City, town, or county) ADRIAN MISSOURI
--	---------------------------	--	--

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, 1371 BRUSH CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 5-27-57	26. REGISTRAR'S SIGNATURE Reva Marshall
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Ralph Perry

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

KP
2

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 *Paul R. Williamson*

Licensed Embalmer No. 5009

P. O. Address *Overland Park, Kan.*

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.