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THE DIVISION OF HEALTH OF MISSOURI

FILED JUN 5 1957

# STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 16918

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2272

**1. PLACE OF DEATH**
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION Gen'l Hosp. #1 — Length of stay in 1b 20 years

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3518 Elmwood — Reside on Farm Yes [ ] No [XX]

**3. NAME OF DECEASED** (Type or print): First Margaret Middle Carter Last Atkinson

**4. DATE OF DEATH** Month 5 Day 14 Year 1957

**5. SEX** Female

**6. COLOR OR RACE** White

**7.** MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

**8. DATE OF BIRTH** Oct. 1, 1904

**9. AGE** (In years last birthday) 52 — 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) Reg. Nurse

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (City and state or country) Chatham, Va.

**12. CITIZEN OF WHAT COUNTRY?** U. S. A.

**13a. FATHER'S NAME** Jesse D. Atkinson

**13b. MOTHER'S MAIDEN NAME** Mary Mayhew

**14. NAME OF HUSBAND OR WIFE** None

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown) None — (If yes, give war or dates of service) None

**16. SOCIAL SECURITY NO.** None

**17. INFORMANT** Mrs. Mary T. Atkinson, 3518 Elmwood — Address

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) Adenocarcinoma of ovary with generalized carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) — 175X
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 [XX] NO [ ]

**20a.** ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

**20b.** DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

**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 Feb. 7, 1957 to May 14, 1957 and last saw her alive on May 14, 1957
Death occurred at 10:10 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** B. I. Burns, M.D. (Degree or title)

**22b. ADDRESS** 24th & Cherry

**22c. DATE SIGNED** 5-15-57

**23a. BURIAL, CREMATION, REMOVAL** (Specify) Burial

**23b. DATE** 5-17-57

**23c. NAME OF CEMETERY OR CREMATORY** Forest Hill Cemetery

**23d. LOCATION** (City, town, or county) (State) Kansas City, Mo.

**24. FUNERAL DIRECTOR** Mellody-McGilley-Eylar, K. C., Mo. — ADDRESS

**25. DATE RECD. BY LOCAL REG.** 5-17-57

**26. REGISTRAR'S SIGNATURE** Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

B. I. Burns

## 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 Arthur Eugene Hook

Licensed Embalmer No. 4912

P. O. Address K C Mo

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.