

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17109

STATE FILE NUMBER

FILED JUN 12 1957

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 2463

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bernon	
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 Walker Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Length of stay in 1b one Month		d. STREET ADDRESS (If outside, give location) R. R. 1 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Estella Hartline			4. DATE OF DEATH Month Day Year May 27 1957
5. SEX female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/29/1888
9. AGE (In years last birthday) 68		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 home	11. BIRTHPLACE (City and state or country) Pittsburg, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Marion Dorman	
14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Pearl Scotten 4219 Forest, K.C., Mo.	
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>Bronchial pneumonia</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Metastatic Anaplastic Cancer of Lung</u> DUE TO (c) <u>Anaplastic Cancer Left Breast</u> 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  170X
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 Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <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		CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>MAY 3, 1957</u> to <u>MAY 27, 1957</u> and last saw her/him alive on <u>MAY 26, 1957</u> Death occurred at <u>9:00</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Reva Marshall</u> (Degree or title)		22b. ADDRESS <u>3333 JACKSON, K.C. 27, Mo</u>	
22c. DATE SIGNED <u>5-27-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>5/27/57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Berea Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Walker Mo.</u>	
24. FUNERAL DIRECTOR <u>Earp &amp; Sons Funeral Home-K.C., Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>5-27-57</u>	
26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>			

Health, Welfare & Public Service  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 300 1-56  
 Sherrill H. Frye  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



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.....  
*John R. [Signature]*  
Licensed Embalmer No. 293

P. O. Address *W.C. [Signature]*

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.