

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 20 1957

17142
STATE FILE NUMBER
1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1957

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Jackson</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City, Mo</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>Jackson</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St Luke's Hosp.</i>		Length of stay in 1b <i>12 days 9 hrs</i>		c. CITY OR TOWN <i>Hickman Mills</i>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <i>Marilyn</i>		Middle <i>JUNE</i>		Last <i>January</i>		Month Day Year <i>4 - 23 - 57</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>5-30-30</i>	
9. AGE (In years last birthday) <i>26</i>		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>		100. KIND OF BUSINESS OR INDUSTRY <i>---</i>	
11. BIRTHPLACE (City and state or country) <i>OSWEGO KANSAS</i>				12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13. FATHER'S NAME <i>EDGAR W. RIDENOUR</i>				14. MOTHER'S MAIDEN NAME <i>MARIE GRANT</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>				16. SOCIAL SECURITY NO. <i>490-28-7618</i>		17. INFORMANT <i>CARLYLE JANUARY</i> Address <i>11218 SYCAMORE HICKMAN MILLS MO.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Abdominal Hemorrhage</i>							<i>5 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Acute Symptomatic Leukemia</i>							<i>5 more</i>
DUE TO (c) _____							<i>2040</i>
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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 <i>2-7-57</i> to <i>4-23-57</i> and last saw her <i>him</i> alive on <i>4-22-57</i> Death occurred at <i>9:45 A. m</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Don Carlos Peete M.D.</i>				22b. ADDRESS <i>1500 Prof. Bldg</i>		22c. DATE SIGNED <i>4-24-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<i>BURIAL</i>		<i>APR 25 1957</i>		<i>MEMORIAL LAWN CEM.</i>		<i>PARSONS KANSAS</i>	
24. FUNERAL DIRECTOR ADDRESS <i>D.W. NEWCOMER'S SONS 1331 BRUSH CREEK KANSAS CITY MO.</i>				25. DATE RECD. BY LOCAL REG. <i>4-25-57</i>		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Don Carlos Peete M.D.

MEDICAL CERTIFICATION



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 *Edward M. Storey*

Licensed Embalmer No. *49*

P. O. Address *K.C. 10*

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.