

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Daniel F. Hogan

FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17237

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2020

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Kansas City		Inside Limits Yes# No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes# No <input type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION 7441 Forrest			Length of stay in 1b 27 yrs.		d. STREET ADDRESS (If outside, give location) 7441 Forrest			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Clara Middle E. Last Melvin				4. DATE OF DEATH Month April Day 26 Year 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 Sept. 21, 1887		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at Home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ohio		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Louis Michelsen				14. MOTHER'S MAIDEN NAME Caroline E. Schmeltz					
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 Address Amy M. Michelsen 7441 Forrest 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) Melanoma Carcinoma with Metastasis								INTERVAL BETWEEN ONSET AND DEATH 5 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Melanoma of left leg						10 years	
		DUE TO (c) Carcinoma of sigmoid						14 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 191X								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 <input type="checkbox"/> Month, Day, Year a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>									
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 3-13-52 to 4-26-57 and last saw her alive on 4-26-57 . Death occurred at 3:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Daniel F. Hogan M.D.				22b. ADDRESS 801 1/2 W 39th				22c. DATE SIGNED 5-29-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 4/29/57	23c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory			23d. LOCATION (City, town, or county) Kansas City Mo.		(State)	
24. FUNERAL DIRECTOR ADDRESS Stine & McClure K. C. Mo.				25. DATE RECD. BY LOCAL REG. 4-29-57		26. REGISTRAR'S SIGNATURE neva trinchall			



001121001-101
No. 1-7824

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 *J. S. Walton*

Licensed Embalmer No. *274*

P. O. Address *A. C. M.*

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.