

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 02 1114
State File No. 2979

FILED JUL 12 1957

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Grandview 7000	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 5 days		e. STREET ADDRESS (If rural, give location) 114th St. & Grandview Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Lukes Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) Josephine c. (Last) Heslip			4. DATE OF DEATH (Month) (Day) (Year) 6-24-57		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-5-91	9. AGE (In years) (Month) (Day) (Hour) (Min.) 66	10. IF UNDER 1 YEAR Months
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 Foreign Country) Johnson County, Kansas	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME W. O. Starr		13b. MOTHER'S MAIDEN NAME Lillie E. Farmer		14. NAME OF HUSBAND OR WIFE Carl Heslip	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. O.W. Fisher, Shawnee, Kansas	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, metastatic, abdominal		INTERVAL BETWEEN ONSET AND DEATH 6 mths.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of ovary		Unknown	
		DUE TO (c)		175X	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 20 June 1957		19b. MAJOR FINDINGS OF OPERATION Inguinal node biopsy - metastatic carcinoma		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g. in or on home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 18, 1957**, to **June 24, 1957**, that I last saw the deceased alive on **June 23, 1957**, and that death occurred at **12:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. L. Stentz, M.D.		23b. ADDRESS 4620 Nichols Parkway, New City, Mo.		23c. DATE SIGNED 6/27/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-28-57		24c. NAME OF CEMETERY OR CREMATORY Corinth Cemetery	
24d. LOCATION (City, town, or county) (State) Johnson County, Kansas					

DATE REC'D BY LOCAL REG. 6-27-57		REGISTRAR'S SIGNATURE new Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. K. George & Sons Inc, Grandview, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
E. L. Stentz

Dr Slentz
4620 J.E. Nicholas Hwy

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801-5482

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 *Sterling E. Goddard*

Licensed Embalmer No. *49*

P. O. Address *Grandview*

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.