THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 19 1957

'57 021347

STATE FILE NUMBER 2534

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

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: ST. MARY'S HOSPITAL — Length of stay in Ib: 8 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: Chariton
c. CITY OR TOWN: BRUNSWICK — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: DENNIS Middle: LEE Last: SEARCY

4. DATE OF DEATH: Month: MAY Day: 30 Year: 1957

5. SEX: MALE

6. COLOR OR RACE: WHITE

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

8. DATE OF BIRTH: FEB. 19 1955

9. AGE (In years last birthday): 2 — 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): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): BROOKFIELD, MISSOURI

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

13a. FATHER'S NAME: BERT S. SEARCY

13b. MOTHER'S MAIDEN NAME: DAISY SMITH

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: BERT SEARCY Address: BRUNSWICK, MISSOURI

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) Brain metastices — INTERVAL BETWEEN ONSET AND DEATH: 1 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Retinoblastoma Right Eye — 6 mo
DUE TO (c) Surgical (removal) Enucleation Rt Eye — 1 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1424

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 May 23 57 to May 30 57 and last saw ~~her~~ him alive on May 29 1957
Death occurred at 6:37 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dr Damon Walthall M.D.

22b. ADDRESS: 233 Plaza Medical Bldg H.C. Mo

22c. DATE SIGNED: May 30 57

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: MAY 30, 1957

23c. NAME OF CEMETERY OR CREMATORY: —

23d. LOCATION (City, town, or county): BRUNSWICK (State): MISSOURI

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS. ADDRESS: KANSAS City, Mo.

25. DATE RECD. BY LOCAL REG.: 5-30-57

26. REGISTRAR'S SIGNATURE: Vera Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Damon Walthall

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 ..... Signed Chester K. Brown
Signature of Student Embalmer

Licensed Embalmer No. 4931
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.