

FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24723**  
Registrar's No. **3293**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>15 years</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2445 Flora st.</b>		e. STREET ADDRESS (If rural, give location) <b>341 So 2445 Flora st.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Helen</b>	b. (Middle)	c. (Last) <b>Mitchell</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>7 11 1957</b>
-------------------------------------	-------------------------	-------------	---------------------------	---------------------------------------	------------------

5. SEX <b>3</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married 1</b>	8. DATE OF BIRTH <b>4/27/1890</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
-----------------	-------------------------------	---	-----------------------------------	---	------------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>at Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Independence, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
---	--	--	--

13a. FATHER'S NAME <b>Hebderson</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Ray</b>	14. NAME OF HUSBAND OR WIFE <b>Charles Mitchell</b>
-------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Marjorie Walker</b> ADDRESS <b>2445 Flora K. C. Mo.</b>
--	-------------------------------------	--

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of The Stomach</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>151X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 July 6, 1957, to July 11, 1957, that I last saw the deceased alive on July 11, 1957, and that death occurred at 9:15A m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree, title)	23b. ADDRESS <b>2604 Prospect Avenue</b>	23c. DATE SIGNED <b>7/13/57</b>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/15/1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Westlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. <b>7-15-57</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. J. W. Jones</b> ADDRESS <b>440 state ave. K. C. Kansas</b>
---	--	---

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Bruce P. McDonald M.D.

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 *Eugene English* Licensed Embalmer No. 410

P. O. Address 440 St 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.