Dr Saunders

FILED AUG 15 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24951

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 338

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Hospital — Length of stay in 1b 2 wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Ja.
c. CITY OR TOWN Independence — Inside Limits Yes X No ☐
d. STREET ADDRESS 507 W Ruby (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ETHEL Middle CARR Last RATHBONE

4. DATE OF DEATH Month Aug Day 2 Year 57

5. SEX Fe.

6. COLOR OR RACE White

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Dec 29 1885

9. AGE (In years last birthday) 72 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (City and state or country) Blue Springs Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Paul Weatherford

14. MOTHER'S MAIDEN NAME Margaret Pinkard

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. 488-32-6962

17. INFORMANT Address Mrs R.P.Weatherford Indep. Mo.

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) Sarcoma of uterus + left ovary — INTERVAL BETWEEN ONSET AND DEATH 2 yrs 2 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Uremia 1998

19. WAS AUTOPSY PERFORMED? YES ☐ - NO X 2

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 8-16-52, to 8-2-57 and last saw her/him alive on 8-1-57

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H Saunders (Degree or title) MD

22b. ADDRESS Independence

22c. DATE SIGNED 8-2-57

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

23b. DATE Aug. 4 57

23c. NAME OF CEMETERY OR CREMATORY Blue Springs

23d. LOCATION (City, town, or county) (State) Blue Springs Mo.

24. FUNERAL DIRECTOR Ott&Mitchell ADDRESS Indep. Mo.

25. DATE RECD. BY LOCAL REG. 8-3-57

26. REGISTRAR'S SIGNATURE James [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

AUG 12 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jason T. White

Licensed Embalmer No. 49

P. O. Address Independ

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.