Health, Welfare Public Service

300 -57

FILED SEP 19 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31713

STATE FILE NUMBER 4000

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: Gen'l Hosp. #1 — Length of stay in Hospital: 57 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 601 EAST ARMOUR BLVD — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Leona Middle: Last: BIERTERMAN (Bierterman)

4. DATE OF DEATH: Month 8 Day 25 Year 1957

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

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

8. DATE OF BIRTH: SEPT. 5. 1888

9. AGE (In years last birthday): 68 — 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): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY: --

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

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

13a. FATHER'S NAME: MARION F. BRADBURY

13b. MOTHER'S MAIDEN NAME: MARY E. FORSYTHE

14. NAME OF HUSBAND OR ~~WIFE~~: DECEASED

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.: 495-20-0117

17. INFORMANT: HARRY BRADBURY Address: 4937 EAST 20TH STREET KANSAS CITY, 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): Carcinoma of ovary with extension
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 1 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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

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 June 25, 1957, to Aug. 25, 1957 and last saw her alive on Aug. 25, 1957
Death occurred at 4:50 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B. I. Burns, M.D.

22b. ADDRESS: 24th & Cherry

22c. DATE SIGNED: 8-26-57

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

23b. DATE: AUG. 27. 1957

23c. NAME OF CEMETERY ~~OR CREMATORY~~: MT. MORIAH CEMETERY

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

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.: 8-27-57

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.

B. I. Burns

Buetterman

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 Basil W. Honey,

Licensed Embalmer No. 4524,

P. O. Address F.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.