

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 20 1957

31946

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3809

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, give TOWNSHIP only) <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>HOSPITAL OR INSTITUTION 2203 Wabash</b>		Length of stay in 1b	d. STREET ADDRESS <b>2203 Wabash</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Luther</b> Middle <b>Ice</b> Last <b>Ice</b>			4. DATE OF DEATH Month <b>August</b> Day <b>10</b> Year <b>1957</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <b>DIVORCED <input checked="" type="checkbox"/></b>	8. DATE OF BIRTH <b>8-28-1905</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>51</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>houseman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Columbia Mach. Shop</b>	11. BIRTHPLACE (City and state or country) <b>Mariana, Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13a. FATHER'S NAME <b>Arthur Ice</b>		13b. MOTHER'S MAIDEN NAME <b>Vernita Dazzle Beard</b>		14. NAME OF HUSBAND OR WIFE <b>—</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>500-03-8860</b>		17. INFORMANT <b>Raymond Ice</b> Address <b>2412 N. Tremont</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>cancer of rectum</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>colostomy</b>					<b>1547</b>
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour <b>—</b> Month, Day, Year a.m. <b>—</b> p.m. <b>—</b>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> WORK AT <input type="checkbox"/> AT WORK <input type="checkbox"/>		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 <b>12-11-56</b> to <b>8-10-1957</b> and last saw her alive on <b>8-1-57</b> Death occurred at <b>—</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE OF Informant <b>L. W. Turner</b> (Degree or title)			22b. ADDRESS <b>1612 E. 12th. K. C. Mo.</b>		22c. DATE SIGNED <b>8-10-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>8-15-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>West Lawn</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kans.</b>
24. FUNERAL DIRECTOR <b>Thatcher's Funeral Home</b> ADDRESS <b>1520 N. 5th.</b>			25. DATE RECD. BY LOCAL REG. <b>9-20-57</b>	26. REGISTRAR'S SIGNATURE <b>Thomas C. Durdon</b>	

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 .....

Licensed Embalmer No. ....

P. O. Address .....

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.