

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 19 1957

State File No. **32106**
3982

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas				b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 25 days		c. CITY OR TOWN Shawnee		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Lukes				e. STREET ADDRESS (If rural, give location) 11220 W 67th Ter					
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth			b. (Middle) Jean			c. (Last) Poole			
4. DATE OF DEATH (Month) (Day) (Year) Aug 24 1957			5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH 6-23-22		9. AGE (In years last birthday) 35		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 Foreign Country) Kansas City Kansas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Samuel Griffiths			13b. MOTHER'S MAIDEN NAME Mattie Robson			14. NAME OF HUSBAND OR WIFE Raymond Poole	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Raymond Poole			ADDRESS Shawnee, Kansas		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal carcinomatosis with extensive liver metastasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary carcinoma of sigmoid colon DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH 4 mos 9 mos 153+	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) Kansas City Jackson Missouri					
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 31, 1957 , to August 24, 1957 , that I last saw the deceased alive on August 24, 1957 , and that death occurred at 10:25 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE Robert E. Allen M.D. (Degree or title)				23b. ADDRESS 200 Plaza Time Bldg Kansas City, Mo		23c. DATE SIGNED 8/24/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Reburied		24b. DATE 8/24/57		24c. NAME OF CEMETERY OR CREMATORY To. Co Memorial Gardens		24d. LOCATION (city, town, or county) (State) Oreland Park, Kansas			
DATE REC'D BY LOCAL REG. 8-25-57		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE Edwin Jones		ADDRESS Shawnee, Kansas			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



[Faint, mostly illegible handwritten text, possibly including names and dates.]

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 *E. Paul Lewis*

Licensed Embalmer No. *438*

P. O. Address *Shawnee, K.*

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.