

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Harold A. Pallett USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 14 1957

STANDARD CERTIFICATE OF DEATH

355777

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4993

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		Length of stay in lb <u>38 years</u>	d. STREET ADDRESS <u>4201 Baltimore</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>HELENE W</u> Middle <u>DUPES</u> Last <u>DUPES</u>			4. DATE OF DEATH Month <u>October</u> Day <u>28</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 1, 1893</u>	9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Knob Lick, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James B. Donnelly</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret E. Burns</u>		14. NAME OF HUSBAND OR WIFE <u>Charles J. Dupes</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Charles J. Dupes - 4201 Baltimore St. Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (d), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cholelithiasis - Biliary Obstr. Unknown</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cancer, Head of Pancreas Unknown</u> DUE TO (c) <u>Chronicity of Liver Unknown</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>584 + H</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <u>June 20, 1949</u> to <u>Oct. 28, 1957</u> and last saw <u>her</u> alive on <u>Oct. 27, 1957</u> . Death occurred at <u>1:05</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Harold A. Pallett, M.D.</u>			22b. ADDRESS <u>1132 Park Blvd. K. C. Mo.</u>		22c. DATE SIGNED <u>10/28/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>		23b. DATE <u>Oct 30, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Merrensburg, Missouri</u>
24. FUNERAL DIRECTOR <u>Wilks Funeral Home</u>			ADDRESS <u>2515 Greenwood</u>	25. DATE RECD. BY LOCAL REG. <u>10-28-57</u>	26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>



MAR 6 1963

APR 4 1963

0113-1-220

no 2-1488

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 *Chas E. Wilks*

Licensed Embalmer No. *9647*
P. O. Address *14 E 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.