

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40566
State File No. 5427

FILED DEC 5 - 1957

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 WYANDOTTE	
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 7 days	c. CITY OR TOWN KANSAS CITY d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST LUKE'S HOSPITAL		STREET ADDRESS (If rural, give location) 331 North 7th	

3. NAME OF DECEASED (Type or Print) a. (First) JENNIE b. (Middle) _____ c. (Last) REHM			4. DATE OF DEATH (Month) (Day) (Year) Nov. 16, 1957		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 6, 1895	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Pattersonville, La.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jack Tousa	13b. MOTHER'S MAIDEN NAME Nancy La Bella	14. NAME OF HUSBAND OR WIFE Ralph E. Rehm
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Relph E. Rehm, 331 No. 7th. K.C.K.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EDEMA		29 Hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SCIRRHOUS CARCINOMA BREAST. DUE TO (c) (CARCINOMATOSIS)		1953 1956
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		170X	

19a. DATE OF OPERATION /	19b. MAJOR FINDINGS OF OPERATION /	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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) /
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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? /
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22. I hereby certify that I attended the deceased from **OCT 1955**, 19____, to **Nov. 16, 1957**, that I last saw the deceased alive on **Nov. 15, 1957**, and that death occurred at **1300 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE George K. Lardis MD	(Degree or title) MD	23b. ADDRESS 1630 Prof. Bldg. CCN	23c. DATE SIGNED 11/16/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 11/16/57	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	24d. LOCATION (City, town, or county) (State) K.C.Ks.
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DATE REC'D BY LOCAL REG. 11-16-57	REGISTRAR'S SIGNATURE Meva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JOS. A. BUTLER'S SONS K.C.K
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD
George K. Lardis

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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 *Ralph D. Goubh*

Licensed Embalmer No. *5004*

P. O. Address *K. C. Kan.*

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.