Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1958

STATE FILE NUMBER 1281

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 182

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 6323 Hagerwood ~~Dr~~ Rd. — Length of stay in Hospital: 70 Yrs

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): 6323 Hagerwood ~~Dr~~ Rd. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Emma — Middle: Elizabeth — Last: Howard

4. DATE OF DEATH: Month: Jan — Day: 12 — Year: 1958

5. SEX: Female

6. COLOR OR RACE: Cau

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

8. DATE OF BIRTH: Sept 29, 1874

9. AGE (In years last birthday): 84 83 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Wilks Barre, Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Smith

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Richard Howard

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.: None

17. INFORMANT: Monte Howard — Address: 6323 Hagerwood ~~Drive~~ Rd.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Anuria	72 Hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Anemia-Sure, Secondary	3 Mo
DUE TO (c)	Carcinomatosis.	?
	Carcinoma Breast	over 8 Mo

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 [ ] 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 1953 1-12 to 1958 and last saw her alive on Jan. 12-1958
Death occurred at 7:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Glen H. Broyles (Degree or title): MD

22b. ADDRESS: 1232 Professional Bldg

22c. DATE SIGNED: 1-13-58

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

23b. DATE: 1-14-58

23c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

23d. LOCATION (City, town, or county): Kansas City (State): Missouri

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar — ADDRESS: 1800 Linwood

25. DATE RECD. BY LOCAL REG.: 1-13-58

26. REGISTRAR'S SIGNATURE: Neva Menshall

(Licensed Embalmer's Statement on Reverse Side)

Glen H. Broyles

All diseases in Part I must be causally related.

Dr. Broyles
Prof Bldg
11 AM

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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 Melvin Bartea

Licensed Embalmer No. 4903

P. O. Address Kansas Ci

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.