Health, & Welfare Public Service

. 300
1-57

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1299

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 204

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 ST. JOSEPH HOSPITAL — Length of stay in 1b 17 YEARS

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) 6733 MONTGALL AVE. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First MARGERY Middle — Last KIENE

4. DATE OF DEATH Month JANUARY Day 12 Year 1958

5. SEX FEMALE

6. COLOR OR RACE WHITE

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

8. DATE OF BIRTH JANUARY 26. 1909

9. AGE (In years last birthday) 48 — 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) HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) LATHAM, KANSAS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Roy VAUGHN

13b. MOTHER'S MAIDEN NAME EDITH GIBSON

14. NAME OF HUSBAND ~~OR WIFE~~ LOUIS KIENE

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. 509-12-0447

17. INFORMANT LOUIS KIENE Address 6733 MONTGALL AVE. K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARCINOMA BREAST, BILATERAL → INTERVAL BETWEEN ONSET AND DEATH 8 YRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) GENERALIZED METASTASIS TO
DUE TO (c) BONEY SPINE, PELVIS AND THORAX — 17 YR
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 [X]

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 DEC 6 1945, to DEC 12 '58 and last saw her alive on DEC 12 '58
Death occurred at 7:55 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE P. C. Quistgard (Degree or title) M.D.

22b. ADDRESS 6741 Prospect K.C. Mo.

22c. DATE SIGNED 1-6-58

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

23b. DATE JAN. 14. 1958

23c. NAME OF CEMETERY OR ~~CREMATORY~~ MT. MORIAN CEMETERY

23d. LOCATION (City, town, or county) KANSAS City (State) MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS. ADDRESS 1231 Bonsa Creek KANSAS City, MISSOURI

25. DATE RECD. BY LOCAL REG. 1-14-58

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

P. C. Quistgard

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 Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Kansas City, 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.