

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2257

STATE FILE NUMBER

FILED FEB 3 1958

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Lincoln, mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>5 miles west</u>	
3. NAME OF DECEASED (Type or print) First <u>Louise</u> Middle <u>Victoria</u> Last <u>Kennedy</u>		4. DATE OF DEATH Month <u>Jan</u> Day <u>29</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> -WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 6, 1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, seen if retired) <u>Retired school teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Education</u>	
13. FATHER'S NAME <u>John Wesley Holstein</u>		14. MOTHER'S MAIDEN NAME <u>Jane Elizabeth Clark</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>441-10-4295D</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>General Abdominal Carcinomatosis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		1992	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Arterio- Sclerotic Heart Disease- Pulmonary Emphysema.?</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>None.</u>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Please see the other side.</u>		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. <u>None.</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>Dec. 31st, 1957</u> and last saw her/him alive on <u>Jan. 29th, 1958</u>		I-28-58	
Death occurred at <u>4:50</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u>		22b. ADDRESS <u>Sedalia, Missouri.</u>	22c. DATE SIGNED <u>I-29-58.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>1/31/58</u>	<u>Sunnyside Cem</u>	<u>Benton Co. mo</u>
24. FUNERAL DIRECTOR <u>Fred Davis & son</u>	ADDRESS <u>Lincoln, mo</u>	25. DATE RECD. BY LOCAL REG. <u>1-30-58</u>	26. REGISTRAR'S SIGNATURE <u>Frances Kelly</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

This patient was referred to my service after having been in Kansas University Medical Center, Kansas City, Kansas. She had been there from Sept. 20 1957 to October 6th, 1957. Diagnosis was made there of General Carcinomat of the abdomen but the primary site of the carcinoma was not found. She had a large area of metastases in the left sub-clavicular area. It was felt that an exploratory laparotomy was not justified because of the patient's general condition. She was admitted to my care for palliative treatment only.

John B. Carlisle M.D.
Adelphi, Mo.

Jan 29th 1958.

MAR 8 1962

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

John R. Seaman

Licensed Embalmer No. *48*

P. O. Address *Union, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.