THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005733
STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 404

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. Mary's Hosp — Length of stay in 1b 30 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 5826 Lawn (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First BETTY Middle LOU Last MORK
4. DATE OF DEATH: Month 1 Day 19 Year 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: January 8 1928
9. AGE (In years last birthday): 30 — 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: Domestic
11. BIRTHPLACE (City and state or country): Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A
13. FATHER'S NAME: Charles O. Boston
14. MOTHER'S MAIDEN NAME: Maudene Holtman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X X
16. SOCIAL SECURITY NO.: 496 24 7868
17. INFORMANT: Mr. Kenneth W. Mork 5826 Lawn, K. C. Mo (Address)

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) Brain tumor, malignant — INTERVAL BETWEEN ONSET AND DEATH: 5 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) — 1930
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 X 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 August 20, 1957, to Jan. 19 1958 and last saw her alive on 1-18-58
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE G. L. Pucci (Degree or title) M. D.
22b. ADDRESS 228 Plaza Tower Bldg.
22c. DATE SIGNED 1-23-58
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-21-1958
23c. NAME OF CEMETERY OR CREMATORY: Floral Hills
23d. LOCATION (City, town, or county) (State): Kansas City Missouri
24. FUNERAL DIRECTOR ADDRESS: Floral Hills Mem. Chapels, Inc K. C. Mo
25. DATE RECD. BY LOCAL REG.: 1-25-58
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Co 1-4746

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed D. J. Nofsinger

Licensed Embalmer No.

P. O. Address

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.