

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010085
State File No.

FILED MAR 19 1958

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1064

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>8150</u> OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C.Mo.Ostopathic Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>1309 South 40th St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Tempa Jane</u> b. (Middle) _____ c. (Last) <u>Messick</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24, 1958</u>
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 18, 1898</u>	9. AGE (In years last birthday) <u>59</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Quapaw, Oklahoma</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Chas. Hazen</u>	13b. MOTHER'S MAIDEN NAME <u>Zilia Saunders</u>	14. NAME OF HUSBAND OR WIFE <u>Harrison Messick</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harrison Messick</u>	ADDRESS <u>K.C. Kansas</u>
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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, ashenia, 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) <u>Peritonitis, Pancreatitis</u>		<u>4 days?</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Perforated peptic ulcer & gall stones</u>			<u>4 days?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ulcerated gingivitis, ulcerated cervicitis</u>			<u>years</u>

19a. DATE OF OPERATION <u>2-22-58</u>	19b. MAJOR FINDINGS OF OPERATION <u>perforated peptic ulcer, Peritonitis, pancreatitis, stomach & Bill contents in peritoneum, gall stones</u>	20. AUTOPSY! YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (Min.)	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 2-22, 1958, to 2-24, 1958, that I last saw the deceased alive on 2-24, 1958, and that death occurred at 5:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. E. Schoen</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>3 E 39th Kansas City Mo</u>	23c. DATE SIGNED <u>2-26-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb. 21, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hills</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>2-27-58</u>	REGISTRAR'S SIGNATURE <u>vera minishell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edouard Schauer</u>	ADDRESS <u>Lawrence, Kansas</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
H. E. Schoen



W-1-3757

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

Student Embalmer

Signed.....

Eugene P. Amos

Licensed Embalmer No. 5023

P. O. Address. Shawnee, Kansas

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 this body is not embalmed, fact should be so stated above.