

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010106
State File No. 1167

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1167

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 20 yrs		e. STREET ADDRESS (If rural, give location) 1115 W. 40TH ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION Queen of The World			

3. NAME OF DECEASED (Type or Print) a. (First) Margaret	b. (Middle)	c. (Last) Nelson	4. DATE OF DEATH (Month) (Day) (Year) March 2-1958
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5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 6-1915	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo	12. CITIZEN OF WHAT COUNTRY? U.S. A
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13a. FATHER'S NAME Walter Brown	13b. MOTHER'S MAIDEN NAME MAE Overton	14. NAME OF HUSBAND OR WIFE James H. Nelson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. MAE	17. INFORMANT'S SIGNATURE OR NAME James H. Nelson	ADDRESS 1115 W. 40th St
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Liver		INTERVAL BETWEEN ONSET AND DEATH 2 yrs 170x
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Breast Lt. DUE TO (c) Metastatic nod-55		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION Nov 55	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast Lt.	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)	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 **1:25**, 19**58**, to **3:30^{PM}**, 19**58**, that I last saw the deceased alive on **3-2**, 19**58**, and that death occurred at **5:50^{PM}** m., from the causes and on the date stated above.

23a. SIGNATURE W. R. Peterson (Degree or title) MD	23b. ADDRESS 2462A B 100th Ln	23c. DATE SIGNED 3.3.58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 6-1958	24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	24d. LOCATION (City, town, or county) (State) K. C. - MO
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DATE REC'D BY LOCAL REG. 3.4.58	REGISTRAR'S SIGNATURE never Marshall	25. FUNERAL DIRECTOR'S SIGNATURE W. R. Peterson	ADDRESS 1729 Lydia
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. R. Peterson

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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.....
C. J. [Signature]

Licensed Embalmer No. *2716*

P. O. Address *K. C. [Signature]*

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.