

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022068

STATE FILE NUMBER

3016

FILED JUL 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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, give TOWNSHIP only) OR TOWN Kansas City, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Colonial Nurseing			Length of stay in lb 5 yr.	d. STREET ADDRESS (If outside, give location) 100 East 36th St			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Pearl			First	Middle	Last	4. DATE OF DEATH Month Day Year 6 14 1958	
5. SEX Female	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec 28 1885		9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) University House Mother		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Altoona Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Elmer Wait				14. MOTHER'S MAIDEN NAME Ella Cox			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT George Wait 3924 College KC Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) metastatic Ca Lung						INTERVAL BETWEEN ONSET AND DEATH 5 yr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		165x	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT <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 Nov 28 1957 June 14, 1958 and last saw her alive on June 14, 1958 Death occurred at 8:45 pm on the date stated above; and to the best of my knowledge, in the causes stated.							
22a. SIGNATURE (Degree or title) M. Donald McFarland M.D.				22b. ADDRESS 315 Nichols Rd		22c. DATE SIGNED 6-16-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-17-58	23c. NAME OF CEMETERY OR CREMATORY Floral Hill Cem		23d. LOCATION (City, town, or county) Kansas City, Missouri		(State)
24. FUNERAL DIRECTOR Gibson & Son K.C.K.			25. DATE RECD. BY LOCAL REG. 6-16-58		26. REGISTRAR'S SIGNATURE Neva Marshall		

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
300 1-56
Secretary, coroner, registrar, funeral home, etc. - no symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
M. Donald McFarland

M. Donald McFarland - 1111 West 11th St



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 *Phil C. Johnson*.....

Licensed Embalmer No. *318*

P. O. Address *KC*

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.