

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029136  
STATE FILE NUMBER 3868

FILED AUG 27 1958

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

300  
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MISSION 8150
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		Length of stay in 1h HOSPITAL OR INSTITUTION 5 DAYS	d. STREET ADDRESS (If outside, give location) 5301 WEST 67 <sup>TH</sup> STREET
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARY Middle ELIZABETH Last JACKMAN			4. DATE OF DEATH Month AUGUST Day 9 Year 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG-26-1896	9. AGE (in years last birthday) 61	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) OSWEGO, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ORDEMUS GOSSARD		13b. MOTHER'S MAIDEN NAME ELIZABETH HARRISON		14. NAME OF HUSBAND OR WIFE R. R. JACKMAN	
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 R. R. JACKMAN	
				Address 5301 WEST 67 <sup>TH</sup> STREET MISSION, KANSAS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis			KANSAS BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of the left breast		
	DUE TO (c) 170x		
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"/>

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 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 8-4-58, to 8-9-58 and last saw her alive on 8-9-58.  
Death occurred at 11:33 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dorcas Thomas M.D.		(Degree or title)		22b. ADDRESS 4635 W. Grand Ave KC Mo		22c. DATE SIGNED 8-11-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUG-12-1958		23c. NAME OF CEMETERY OR CREMATORY OSWEGO CEMETERY		23d. LOCATION (City, town, or county) (State) OSWEGO KANSAS	

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 1351 BRUSH CREEK KANSAS CITY, MO		25. DATE RECD. BY LOCAL REG. 8-12-58		26. REGISTRAR'S SIGNATURE neva minshall	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Arnold V. Arms

All diseases in Part I must be causally related.

1-1-55



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 *Chester K. Brown*

Licensed Embalmer No. *4931*  
P. O. Address *KC Mo*

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.