

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-036498  
 State File No. ....

FILED OCT 29 1958

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1001</u>	Registrar's No. <u>4798</u>
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>Osage</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>unk</u>	c. CITY OR TOWN <u>Osage City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>638 Prospect</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>VELMA</u> b. (Middle) <u>MAXINE</u> c. (Last) <u>MC LEOD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-7-1958</u>		
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>8-26-1925</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>33</u>
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>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Osage City, Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Hasty</u>		
13b. MOTHER'S MAIDEN NAME <u>Stella Lane</u>		14. NAME OF HUSBAND OR WIFE <u>Robert D. McLeod</u>		
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>unk</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert D. McLeod Osage City, Ks.</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary gastric carcinoma</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos. +</u>  <u>1 yr +</u>  <u>151x</u>
19a. DATE OF OPERATION <u>5-22-58</u>		19b. MAJOR FINDINGS OF OPERATION <u>Advanced gastric carcinoma with local metastases</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)
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?
22. I hereby certify that I attended the deceased from <u>5-19</u> , 19 <u>58</u> , to <u>10-7</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>10-7</u> , 19 <u>58</u> , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Neill Berry, M.D.</u>		23b. ADDRESS <u>4706 Broadway</u>		23c. DATE SIGNED <u>10-8-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-9-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osage City Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Osage City, Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. Paul Amos Shawnee, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>10-11-58</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 Neill Berry



**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..... *Roguel Amos*  
Licensed Embalmer No. *5073*  
P. O. Address *Shawnee, K.*

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.