

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044181

STATE FILE NUMBER
5872

FILED DEC 30 1958 Registration District No. 149 Primary Registration District No. 1007 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 Missouri b. COUNTY JACKSON	
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 KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Length of stay in 1b 20 YEARS	d. STREET ADDRESS (If outside, give location) 20 EAST 32ND TERRACE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CHRystal Middle HOWARD Last HOWARD			4. DATE OF DEATH Month DEC. Day 10, Year 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH MAY 10, 1908	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 50 Days 50 Hours 50 Min. 50
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRIVATE SECRETARY		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) FREDONIA, KANSAS		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME ERIC TAYLOR		13b. MOTHER'S MAIDEN NAME ELIZABETH LYDIA MERILLIOT WILLIAMS HOWARD		14. NAME OF HUSBAND OR WIFE Mrs. JACK COMER	
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. 572-07-7276		17. INFORMANT Mrs. JACK COMER Address 2737 CHARLOTTE STREET KANSAS CITY MISSOURI	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Pancreas Extrema			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Abdominal Metastasis		
	DUE TO (c)		
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.) 157+		
20c. TIME OF INJURY Hour 11:30 P. Month, Day, Year 12-17-58			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. CITY, TOWN, OR LOCATION		COUNTY	STATE

21. I attended the deceased from Nov - 3 - 58 to 12 - 10 - 58 and last saw her/him alive on 12 - 9 - 58 . Death occurred at 11:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE [Signature] (Degree or title) M.D.		22b. ADDRESS Prof Bldg. 19-C. mo.		22c. DATE SIGNED 12-12-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-17-58	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH.		23d. LOCATION (City, town, or county) (State) KANSAS CITY MO
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS-KANSAS CITY, MO			25. DATE RECD. BY LOCAL REG. 12-12-58		26. REGISTRAR'S SIGNATURE Neva Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

C. J. Hunt

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 *Raymond M. Hardy*

Licensed Embalmer No. *4913*

P. O. Address *Indep, MD*

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.