THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005469
STATE FILE NUMBER

FILED FEB 19 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 606

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF WORLD — Length of stay in this place 56 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY JACKSON
c. CITY OR TOWN KANSAS City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2231 TROOST AVE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARY Middle RUTH Last CARMICHAEL
4. DATE OF DEATH Month 1 Day 30 Year 59
5. SEX Female
6. COLOR OR RACE NEGRO
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 6-2-1902
9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Missouri, KC.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Ben Wright
14. MOTHER'S MAIDEN NAME EDNA Walker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. No.
17. INFORMANT Bertran Carmichael — Address 2231 Troost

MEDICAL CERTIFICATION

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 TO TAIL OF PANCREAS — INTERVAL BETWEEN ONSET AND DEATH: 6-12 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) & WIDE SPREAD 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) 151
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1-26-59, to 1-30-59 and last saw her/him alive on 1-30-59
Death occurred at 4:02 P.m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Emery R. Calovich MD
22b. ADDRESS 4629 J.C. Nichols Pkwy KC Mo
22c. DATE SIGNED 2-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-3-59
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) (State) Holden Mo.
24. FUNERAL DIRECTOR Watkins Bros. ADDRESS 18th & Benton
25. DATE RECD. BY LOCAL REG. 2-2-59
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Emery R. Calovich

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Bruce R. Watkins.....

Licensed Embalmer No....4

P. O. Address .....18th...

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.