

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005631

STATE FILE NUMBER

475

FILED FEB 17 1959

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, Mo.	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 St. Luke's Hosp	Length of stay in lb. <u>39 days</u>	d. STREET ADDRESS 235 W. 68 TERRACE	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last MARTHA K. JACOBS			4. DATE OF DEATH Month Day Year JAN. 25, 1959		
5. SEX FEMALE	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-29-10	9. AGE (In years last birthday) 48	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BROOKLYN, N.Y.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME SAMUEL KATZ		13b. MOTHER'S MAIDEN NAME ROSE HENIGSON		14. NAME OF HUSBAND OR WIFE IRA JACOBS	
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. -	17. INFORMANT IRA JACOBS, 235 W. 68 TH TERR. K.C. 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) <u>Carcinoma of Ovary with metastasis to stomach & peritoneal metastasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>None</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>metastasis to stomach & peritoneal metastasis</u> DUE TO (c) <u>100%</u>		
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
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21. I attended the deceased from Nov. 1957 to 1-25-59 and last saw her alive on 1-25-59.
Death occurred at 10:4 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>V.B. Ballard MD</u> (Degree or title)	22b. ADDRESS <u>711 Nichols Bldg.</u>	22c. DATE SIGNED <u>1-25-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>1-25-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>_____</u>	23d. LOCATION (City, town, or county) (State) <u>BROOKLYN, NEW YORK</u>
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24. FUNERAL DIRECTOR <u>J.P. LOUIS FUNERAL HOME, K.C. MO</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>1-25-59</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 All diseases in Part I must be causally related.
 V. B. Ballard



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 Guy Buffington
Licensed Embalmer No. 2756
P. O. Address K.C. 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.