

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009605

APR 8 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 1552 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death.) 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 hospital 50 YEARS	d. STREET ADDRESS (If outside, give location) 8031 FLORA AVENUE		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last NORMAN JOHN PILKEY			4. DATE OF DEATH Month Day Year MARCH 23, 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 14, 1882	9. AGE (In years last birthday) 76	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHEF MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY FEDERAL RESERVE BANK	11. BIRTHPLACE (City and state or country) MT. CLEMENS, MICHIGAN	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ANTOINE PELTIER		13b. MOTHER'S MAIDEN NAME ROSE BUFFET	14. NAME OF HUSBAND OR WIFE ANNIE PILKEY		
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. 486-26-1762	17. INFORMANT 1921 WEST 48th. TERRACE NORMAN J. PILKEY JR. - KANSAS CITY, MO.		
18. CAUSE OF DEATH (Enter only one cause on any line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Peritonitis, generalized DUE TO (b) Perforated colon DUE TO (c) Carcinoma of Colon with metastasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 15					INTERVAL BETWEEN ONSET AND DEATH 4 days 4 days -
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 <input type="checkbox"/> NOT WHILE 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 Feb 18, 1959 to Mar 23, 1959 and last saw him alive on Mar 23, 1959 Death occurred at 10:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Adrian J. Brown M.D.		22b. ADDRESS 4526 Paseo 14 C. Mo		22c. DATE SIGNED 3-24-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MARCH 25, 1959		23c. NAME OF CEMETERY OR CREMATORIUM MEMORIAL PARK CEMETERY	
				23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS-K. C., MO.		1331 BRUSHGREEK BLVD.		25. DATE RECD. BY LOCAL REG. 3-25-59	
26. REGISTRAR'S SIGNATURE Neva Marshall					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Adrian J. Brown



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. *493*
P. O. Address *K E V*

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.