

-THE DIVISION OF HEALTH OF MISSOURI-
STANDARD CERTIFICATE OF DEATH

59-017102

STATE FILE NUMBER

FILED MAY 22 1959

Registration District No. 72

Primary Registration District No. 3013

Registrar's No. 93

300
-57

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN North Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City North
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NKC Memorial Hosp.		Length of stay in lb 2 days	d. STREET ADDRESS 3713 E. 37th. St. Terr.
3. NAME OF DECEASED (Type or print) First Middle Last Mary Kathleen Seffens		4. DATE OF DEATH Month Day Year May 17, 1959	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 22, 1913
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) 46
11. BIRTHPLACE (City and state or country) Norborne, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John E. Sheehan		13b. MOTHER'S MAIDEN NAME Esther M. Martin	14. NAME OF HUSBAND OR WIFE William D. Seffens
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. 500-22-2566	17. INFORMANT Address K. C., Mo. William Seffens 3713 E. 37th. Terr. North
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinomatosis, generalized.			2 months
DUE TO (c) Adenocarcinoma of right breast			1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170X			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <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
21. I attended the deceased from May 14, 1959 to May 17, 1959 and last saw her alive on May 17, 1959 . Death occurred at 11:35 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE S. Comer Bates, M.D. (Degree or title)		22b. ADDRESS 2730 South Wood Kansas City, Mo.	22c. DATE SIGNED 5/18/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE May 19, 1959	23c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City North, Missouri
24. FUNERAL DIRECTOR Earp & Sons 4707 Truman Rd. K.C., Mo.		25. DATE RECD. BY LOCAL REG. 5-18-59	26. REGISTRAR'S SIGNATURE Marguerite Hudgens

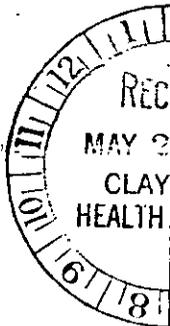
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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OCT 19 1959



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 *John B. Cook*

Licensed Embalmer No. *2955*

P. O. Address *H. C. Smith*

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.