

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 4 1959

59-029008

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4002

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	<u>JACKSON</u>	a. STATE	<u>Mo.</u> b. COUNTY <u>JACKSON</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	<u>KANSAS CITY</u> Length of stay in 1b <u>2 yrs, 9 mos.</u>	c. CITY OR TOWN	<u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	<u>St Lukes</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	<u>5528 FORREST</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First	Middle	Last	Month	Day	Year	
<u>Valerie Winiford Chivens</u>			<u>Aug</u>	<u>16</u>	<u>1959</u>	
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR
<u>Female</u>	<u>CAUC</u>		<u>Dec 21 1889</u>	<u>69</u>	Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY		
<u>Bookkeeper</u>		<u>BANKING</u>	<u>Red Cloud, NEBR.</u>	<u>U. S. A.</u>		
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE		
<u>E. M. Sunny</u>		<u>LAURA J. TENNANT</u>		<u>Deceased</u>		
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.	17. INFORMANT Address			
<u>No</u>		<u>489-67-1944</u>	<u>BESSIE SHREVE, CAMERON, Mo.</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Carcinoma of breast</u>		<u>1 year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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
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
21. I attended the deceased from <u>10:00 PM 8/15/59</u> to <u>8:00 AM 8/16/59</u> and last saw her alive on <u>8/16/59</u> . Death occurred at <u>8:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
<u>E. L. Slentz, M.D.</u>	<u>4620 Nichols Parkway Kansas City, Missouri</u>	<u>8/17/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
<u>Removal</u>	<u>Aug 16, -59</u>	<u>GRACELAND</u>
24. FUNERAL DIRECTOR	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<u>E. Poland & Funeral Home, CAMERON, Mo.</u>	<u>8-18-59</u>	<u>Neva Marshall</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS SEP 26 1969

NOV 18 1969

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Laurence J. Thompson*

Licensed Embalmer No. *4735*

P. O. Address *Cameron*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.