URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-032222

FILED OCT 13 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4644 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 36 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital
Inside Limits: Yes ☒ No ☐

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) 908 East 33rd
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JEAN Middle LINTON Last BEST

4. DATE OF DEATH: Month Sept. Day 23, Year 1959

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-7-1893

9. AGE (last birthday): 65

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Childs Nurse

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Scotland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 497-26-9996

17. INFORMANT: Gus D. Welch, 1235 W. 61st, K.C.Mo.

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) Metastatic Carcinoma of Liver
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Breast Carcinoma two yrs previous
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

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 9/15/59 to 9/23/59 and last saw her/him alive on 9/22/59
Death occurred at St Joseph Hospital on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E N Gentry (Degree or title) MD

22b. ADDRESS 324 E 11th KC Mo

22c. DATE SIGNED 9/24/59

BY AFFIDAVIT OF E. N. Gentry

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Sept. 25, 1959

23c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cemetery

23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: FREEMAN MORTUARY, ADDRESS Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.: 9-24-59

26. REGISTRAR'S SIGNATURE: Nina Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by J. Lauren Freeman Jr., Student Embalmer No. 582

working under my personal supervision.

Student J. Lauren Freeman Jr.
Signature of Student Embalmer

Signed Clayton H. Barnes

Licensed Embalmer No. 4793

P. O. Address K. C., Mo

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