RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 7 1959

59-032709
STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 217

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lee's Summit — Length of stay in 1b: 16 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 502 Howard St. — 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 Lee's Summit — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 508 Howard St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Alice Middle Elva Last McPheeters
4. DATE OF DEATH: Month Oct. Day 2 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Jan. 7, 1901
9. AGE (last birthday): 58
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Florence, Kansas
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Alonzo Shaw
13b. MOTHER'S MAIDEN NAME: Nancy Harrison
14. NAME OF HUSBAND OR WIFE: C. R. McPheeters Dec.
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.: 490-34-7354
17. INFORMANT: Charles McPheeters, Address: Louisburg, Kan.

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)	Pulmonary Edema	2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Metastatic Pulmonary Carcinoma	1 month
DUE TO (c)	Carcinoma of Cervix	17 months

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 7 May 1958, to 2 Oct. 1959 and last saw her alive on 2 Oct. 1959.
Death occurred at 5 30 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. D. Dunnell (Degree or title) M.D.
22b. ADDRESS 18 E. 3rd St. Lee's Summit, Mo.
22c. DATE SIGNED 30 Oct. 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 6, 1959
23c. NAME OF CEMETERY OR CREMATORY: Lee's Summit, Cemetery
23d. LOCATION (City, town, or county) (State): Lee's Summit, Mo.

24. FUNERAL DIRECTOR: Langsford Funeral Home, Lee's Summit
ADDRESS: Mo.
25. DATE RECD. BY LOCAL REG.: 10-6-1959
26. REGISTRAR'S SIGNATURE: M. B. Langsford

(Licensed Embalmer's Statement on Reverse Side)

VS AUG 16 1960
MAR 31 1960
VS OCT 8 1959
VS OCT 14 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed N. B. Lampford Jr.
Signature of Student Embalmer

Licensed Embalmer No. 496

P. O. Address Leesburg

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