

FRI DIVISION OF VITALS - STANDARD CERTIFICATE OF DEATH

'59 0 4 1 4 6
STATE FILE NUMBER

FILED VS JAN 6 1960 149 Primary Registration District No. 1002 Registrar's No. 6086

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence Before admission) a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 25yrs.		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 Notre Dame DeSion			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3823 Locust		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Given - Marie Dionet Religious - Marie Michaelina DeSion				4. DATE OF DEATH Month Dec. Day 18, Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-22-1899	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HOURS Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Charge of linens			10b. KIND OF BUSINESS OR INDUSTRY Religious Order		11. BIRTHPLACE (City and state or country) Pantin, France		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Eugene Charles Dionet			13b. MOTHER'S MAIDEN NAME Eleonore Eugenie Schapellier		14. NAME OF HUSBAND OR WIFE - - - -		
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. None		17. INFORMANT Address Notre Dame DeSion Records - 3823 Locust		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma lung						INTERVAL BETWEEN ONSET AND DEATH 2 wks	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. 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 4-2-59 to 12-18-59 and last saw her alive on 12-17-59 Death occurred at 6:30am on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Graham Owens MD (Degree or title)				22b. ADDRESS Rialto Bldg - Kansas City, Mo.		22c. DATE SIGNED 12-18-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-21-59	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		23d. LOCATION (City, town, or county) Kansas City, Mo.		(State)	
24. FUNERAL DIRECTOR Melody-McGilley-Eylar ADDRESS 1800 E. Linwood			25. DATE RECD. BY LOCAL REG. 12-18-59	26. REGISTRAR'S SIGNATURE Dora Marshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Graham Owens

Mr. Graham
Rialto
Vi 2-2
7/11/11

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 James E. Backlem

Licensed Embalmer No. 4373

P. O. Address K. C. MO

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.