MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013882

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 1811

AMENDED

FILED MAY 8 1961

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City

Length of stay in 1b: 42 yrs

c. CITY OR TOWN Kansas City — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 2043 E. Gregory — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: MARY Middle: MARGARET Last: MILLIGAN

4. DATE OF DEATH Month: 4 Day: 12 Year: 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: 6 13 1904

9. AGE (last birthday): 56

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): Steno

10b. KIND OF BUSINESS OR INDUSTRY: Ludlow Valve Mfg

11. BIRTHPLACE (City and state or country): Maryville, Mo

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

13a. FATHER'S NAME: William O. Frederick

13b. MOTHER'S MAIDEN NAME: Mina B. Alden

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.

17. INFORMANT: Mrs. Bessie Smith Address: 2043 E. Gregory

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) Abdominal Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Carcinoma of Ovaries. — 1 yr.

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. ☐ 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 8-4-'60, to 4-12-'61 and last saw her/him alive on 4-12-'61

Death occurred at 6 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. A. Wilkinson (Degree or title) M.D.

22b. ADDRESS 1332 Professional Bldg

22c. DATE SIGNED 4-12-'61

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

23b. DATE 4-15-61

23c. NAME OF CEMETERY OR CREMATORY Floral Hills

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

24. FUNERAL DIRECTOR Floral Hills Mem. Chapels, Inc ADDRESS K.C. Mo

25. DATE RECD. BY LOCAL REG. 4-12-61

26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

A. E. Wilkinson

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 R. Sidmo

Licensed Embalmer No. 4531

P. O. Address Kansas Cit

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.