

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010963

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1005 Registrar's No. 1197

FILED MAR 19 1962

|                |              |
|----------------|--------------|
| VS 300         | DATE AMENDED |
| Rev. 4/59      |              |
| 1              |              |
| 2 <u>3100</u>  |              |
| 3              |              |
| 4 <u>1</u>     |              |
| 5 <u>1</u>     |              |
| 6              |              |
| 7 <u>0</u>     |              |
| 8 <u>2</u>     |              |
| <u>9170X</u>   |              |
| 10             |              |
| 11             |              |
| 12 <u>90-0</u> |              |
| 13             |              |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |   | Length of stay in 1b<br><b>33 yrs.</b>  | c. CITY OR TOWN <b>Kansas City</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>4041 Bales Ave.</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>4041 Bales Ave.</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Emilie Frances Ganote</b>  |   | 4. DATE OF DEATH<br>Month <b>Feb.</b> Day <b>26,</b> Year <b>1962</b>   |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Oct. 10, 1911</b>  |
| 9. AGE (last birthday)<br><b>50</b>   |   | IF UNDER 1 YEAR<br>Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>               |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At Home</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Camden, Missouri</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>  |   | 13a. FATHER'S NAME<br><b>Cecil Storms</b>   |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Ruth Frazier</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Anthony Ganote</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown); (If yes, give war or dates of service)<br><b>No</b>                                   |   | 16. SOCIAL SECURITY NO.<br><b>—</b>   | 17. INFORMANT<br><b>Anthony Ganote, 4041 Bales, K. C., Mo.</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Metastatic Carcinoma</b> |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 years</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <b>Carcinoma of BREAST</b>     |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>7 years</b>  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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<br><b>1958</b> to <b>2/26/62</b> and last saw her/him alive on <b>2/12/62</b><br>Death occurred at <b>11:00 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |
| 21. I attended the deceased from _____  |   | 22a. SIGNATURE (Degree or title)<br><b>Leo F. Cooper M.D.</b>   |   |
| 22b. ADDRESS<br><b>1220 E 31<sup>st</sup> KC MO</b>   |   | 22c. DATE SIGNED<br><b>2-27-62</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>3-1-62</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary</b>  | 23d. LOCATION (City, town, or county)<br><b>Kansas City, Missouri</b>   |
| 24. FUNERAL DIRECTOR<br><b>Stine &amp; McClure, Kansas City, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>2-28-62</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>   |

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Leo Cooper  
Dr. James Humberg  
12206: 31st St  
line 1 - 6957  
12:15 - 2:15 pm.

**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 Orval Robinson

Licensed Embalmer No. 4232

P. O. Address R.C. Mjo

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.