S. No. 300
v. 10-48

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15982

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2187

1. PLACE OF DEATH

a. COUNTY: Jackson

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City

c. LENGTH OF STAY (in this place): 5-4-49

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: ~~Ks.~~ Kansas

b. COUNTY: Wilson

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chanute

d. STREET ADDRESS (If rural, give location): 2

3. NAME OF DECEASED (Type or Print)

a. (First): Suzanne

b. (Middle):

c. (Last): Laming

4. DATE OF DEATH (Month) (Day) (Year): 5-17-49

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify): Child

8. DATE OF BIRTH: September 30, 1935

9. AGE (In years last birthday): 13

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kansas

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

13a. FATHER'S NAME: Whitsed C. Laming

13b. MOTHER'S MAIDEN NAME: Lucille Eldridge

14. NAME OF HUSBAND OR WIFE: No

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.: No

17. INFORMANT'S SIGNATURE OR NAME: Whitsed C. Laming

ADDRESS: Chanute, Ks.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Cardiac Failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Localizing Peritonitis

DUE TO (c): Appendicitis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Megacolon 551

INTERVAL BETWEEN ONSET AND DEATH: None

13 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: no operation

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 4, 1949, *to* May 17, 1949 *that I last saw the deceased alive on* May 17, 1949, *and that death occurred at* 12:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lawrence P. Engel (Lawrence P. Engel M.D.)

23b. ADDRESS: Plaza Med Bldg K.C.Mo.

23c. DATE SIGNED: 5-18-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5/19/49

24c. NAME OF CEMETERY OR CREMATORY: —

24d. LOCATION (City, town, or county) (State): Chanute, Ks.

DATE REC'D BY LOCAL REG.: 5-19-49

REGISTRAR'S SIGNATURE: Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE: STINE & McCLURE

ADDRESS: Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Danglade
411 - Alameda
1 Ill 5

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 .....
Student Embalmer

Signed Robert H Reed

Licensed Embalmer No. 3745

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 this body is not embalmed, fact should be so stated above.