

FILED FEB 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. 388

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI		b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) 37 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 29 WEST 57TH TERRACE		d. STREET ADDRESS (If rural, give location) 29 WEST 57TH TERRACE			

3. NAME OF DECEASED a. (First) LENA			b. (Middle)			c. (Last) LEE			4. DATE OF DEATH (Month) (Day) (Year) JAN. 24-1951		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MAY 17-1875		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) CAMBRIDGE, MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME HARRY GILLIAM		13b. MOTHER'S MAIDEN NAME ALICE BOZZELL		14. NAME OF HUSBAND OR WIFE CHARLES LEE	
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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'S SIGNATURE OR NAME MRS. ALICE M. WHITE		ADDRESS 29 WEST 57TH TERRACE KANSAS CITY, MO.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Left Breast				INTERVAL BETWEEN ONSET AND DEATH 3 yrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes				170X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **6-15-1949**, to **Jan 24, 1951**, that I last saw the deceased alive on **1-22-1951**, and that death occurred at **10:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Quartz Reyna		REG. John R. Reyna (Degree or title) M.D.		23b. ADDRESS 928 Prof. Bldg. K.C. Mo.		23c. DATE SIGNED 1-25-51	
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24a. BURIAL CREMATION (Specify) BURIAL		24b. DATE JAN 27 1951		24c. NAME OF CEMETERY OR CREMATORY GILLIAM CEMETERY		24d. LOCATION (City, town, or county) (State) GILLIAM MISSOURI	
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DATE REC'D BY LOCAL REG. 1-27-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D. H. [Signature]		ADDRESS 133 BRUSH CREEK KANSAS CITY, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Basil V Honey

Licensed Embalmer No. *4724*

P. O. Address *Luskland, 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.