

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15971

State File No. ....

FILED JUN 5 1951

BIRTH NO. ....		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>2289</u>		Registrar's No. <u>40</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay Gallatin Twp.</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u> c. LENGTH OF STAY (In this place) <u>2 WEEKS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route #2</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u> d. STREET ADDRESS (If rural, give location) <u>4183A 132nd Avenue</u>			
3. NAME OF DECEASED (Type or Print) <u>Robert</u> a. (First)		<u>Lanson</u> b. (Middle)		<u>Mayer</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>5-20-51</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>July 27, 1882</u>	
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Typewriter Repairman - RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>HONOLULU, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph B. Mayer</u>		13b. MOTHER'S MAIDEN NAME <u>Clarinda Kellogg</u>		14. NAME OF HUSBAND OR WIFE <u>Lettie M. Mayer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-01-2426A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lettie M. Mayer</u>		ADDRESS <u>R.R. #2 Liberty, Mo.</u>	
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.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hemia</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma - prostate &amp; metastatic bone</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 6</u> , 19 <u>51</u> , to <u>May 20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 20</u> , 19 <u>51</u> , and that death occurred at <u>7:00 pm</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert L. Lyles M.D.</u>		(Degree or title)		23b. ADDRESS <u>1337 Brush Creek</u>		23c. DATE SIGNED <u>5-21-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY-23-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>5-23-51</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u>		ADDRESS <u>1337 BRUSH CREEK KANSAS CITY, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



MAR 4 1957

JUN 5 1957

### 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

*Highland, Md.*

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.