

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33681

State File No.

4248

FILED OCT 20 1951

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY, North</u> <u>0278</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>45th OAKLEY</u> <u>941</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Oran</u>	b. (Middle) <u>Edward</u>	c. (Last) <u>LASS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 3 1951</u>
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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>Aug 26, 1920</u>	9. AGE (In years last birthday) Months Days Hours Mins. <u>31</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TUCKPINTER</u>	11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WILLIAM LASS</u>	13b. MOTHER'S MAIDEN NAME <u>ORA FELTENBERGER</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. LOVELL LASS</u>
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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) <u>YES WW-2</u>	16. SOCIAL SECURITY NO. <u>496-03-0265</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. LOVELL LASS 45th OAKLEY N.K.C.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Multiple Bone Fractures</u>		INTERVAL BETWEEN ONSET AND DEATH <u>E 9026/45</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Fractured Skull</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Part Amput 123</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm factory, street, office bldg., etc.) <u>Blade</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Kansas City Jackson Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-3-51</u>	21e. INJURY OCCURRED WHILE AT WORK? () NOT WHILE AT WORK () <u>Full from a scaffold</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh H. Owens</u>	(Degree or title)	23b. ADDRESS <u>1034 Curtis Blvd</u>	23c. DATE SIGNED <u>10-5-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT 6, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EAST SLOPE Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>NORTH KANSAS CITY Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-5-51</u>	REGISTRAR'S SIGNATURE <u>Theroldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Newcomer's North Kansas City</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Glen H. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 4286

P. O. Address Rowden, 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.