No. 300
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FILED APR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12355

BIRTH NO. _____ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1559

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, North
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway #169

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):
a. STATE: Missouri
b. COUNTY: Clay 0244
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, North 0
d. STREET ADDRESS (If rural, give location): 4321 N. Spruce 94

3. NAME OF DECEASED (Type or Print): a. (First) Lynn b. (Middle) Clark c. (Last) Lauter

4. DATE OF DEATH (Month) (Day) (Year): 4 - 4 - 52

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 11
8. DATE OF BIRTH: May 15, 1933
9. AGE (In years last birthday): 18 — 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): Cab Driver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Omaha, Nebr 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Homer Terry Lauter
13b. MOTHER'S MAIDEN NAME: Kathryn Lilla
14. NAME OF HUSBAND OR WIFE: None

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.: 490-34-3725
17. INFORMANT'S SIGNATURE OR NAME: Kenneth Lauter — ADDRESS: 4321 N. Spruce

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): Crushed chest —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auto Trauma
DUE TO (c): Auto-Truck Collision —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Possibly fell asleep while driving

INTERVAL BETWEEN ONSET AND DEATH: 6 0 161 26

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 123
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hi-Way 169
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City, Clay Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 4 52 5:00 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Auto-truck collision

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: O. S. Pate (Degree or title): O. S. Pate M.D. Coroner
23b. ADDRESS: North Kansas City Mo
23c. DATE SIGNED: 4/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-5-52
24c. NAME OF CEMETERY OR CREMATORY: White Chapel M.G.
24d. LOCATION (City, town, or county) (State): Clay County, Mo.

DATE REC'D BY LOCAL REG.: 4-5-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomer's North Kansas City — ADDRESS:

(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 _____

_____, Student Embalmer No. 457,

working under my personal supervision.

Student R. S. Bonge
Student Embalmer

Signed John S. Morton III

Licensed Embalmer No. 7856

P. O. Address Mt. 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.