

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39149

State File No. 5190

FILED NOV 19 1953

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) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 3468	
c. LENGTH OF STAY (in this place) 2 1/2 YEARS		d. STREET ADDRESS (If rural, give location) 3601 BELLEVUE AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Medical Center			

3. NAME OF DECEASED (Type or Print) Katherine W. LAY		4. DATE OF DEATH (Month) (Day) (Year) 10 31 53	
5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH SEPT-9-1884	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	
11. BIRTHPLACE (City and State or Foreign Country) BUFFALO KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME WILLIAM WHITAKER		13b. MOTHER'S MAIDEN NAME EMMA SHOCKLEY		14. NAME OF HUSBAND OR WIFE WILLIAM F. LAY	
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 AND ADDRESS. Mrs. MILTON W. McQUEEN 3601 BELLEVUE N.C.M.D.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 2 years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Occlusion 2 years			
		DUE TO (c) Coronary Artery Sclerosis 2 years			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right-sided Hemiplegia		2 mos.	

19a. 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 Aug 18, 1951, to 10-31, 1953 that I last saw the deceased alive on 10-31, 1953, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE Graham Asher (Degree or title) M.D.		23b. ADDRESS 220 Professional Bldg Kansas City 6 Mo. 971-53		23c. DATE SIGNED 11-1-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE NOV-2-1953		24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 11-2-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D.W. Newcomer Sons 1331 BRUSH CREEK KANSAS CITY, MO.			

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 J. Honey*

Licensed Embalmer No. *4724*

P. O. Address *Tushland Md.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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