

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 27 1954

State File No. 4707
Registrar's No. 4707

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4707			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY JOHNSON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place township) 69 days		c. CITY OR TOWN SHAWNEE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				STREET ADDRESS (If rural, give location) 10218 Johnson Drive 815 8					
3. NAME OF DECEASED (Type or Print) a. (First) EDDIE b. (Middle) LOREN c. (Last) LISK			4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 9 1954						
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-18-15	9. AGE (In years last birthday) Months Days Hours Min. 39					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trailer camp prop.		10b. KIND OF BUSINESS OR INDUSTRY Trailer camp		11. BIRTHPLACE (City and State or Foreign Country) Lenexa, Kansas		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Bert Lisk		13b. MOTHER'S MAIDEN NAME Nona Day		14. NAME OF HUSBAND OR WIFE Louise Lisk					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Official VA Hospital records		ADDRESS K-C. Mo.			
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) Carcinomatosis of abdominal ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchopneumonia DUE TO (c) Adenocarcinoma of ascending colon II. OTHER SIGNIFICANT CONDITIONS status post resection with metastases Conditions contributing to the death but not related to the disease or condition causing death. to a bdominal retro peritoneal, and				INTERVAL BETWEEN ONSET AND DEATH 1 yr 1 week 153X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION thoracic lymph nodes, vertebra, ribs and skull				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) VA		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 7-23-54, 1954, to 10-9-54, 1954, and that death occurred at 10:57 AM from the causes and on the date stated above.									
23a. SIGNATURE C. C. Young (Degree or title) 0				23b. ADDRESS VA Hospital, Kansas City, Mo.		23c. DATE SIGNED 10-9-54			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE OCT 9, 1954		24c. NAME OF CEMETERY OR CREMATORY SHAWNEE CEMETERY		24d. LOCATION (City, town, or county) (State) SHAWNEE, KANSAS			
DATE REC'D BY LOCAL REG. 10-9-54 neva minshall				25. FUNERAL DIRECTOR'S SIGNATURE W. J. Nussbaum's Sons - 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.....
Signature of Student Embalmer

Signed..... *Basil V. Bone*

Licensed Embalmer No. *47*

P. O. Address *F. C. ?*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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