

FILED FEB 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1210

108

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) KANSAS City		c. LENGTH OF STAY (in this place) 40 YEARS	c. CITY OR TOWN KANSAS City
d. FULL NAME OF HOSPITAL OR INSTITUTION Dehora Rest Home BENTON		STREET ADDRESS (If rural, give location) 3000 Euclid AVENUE	
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) LEE	c. (Last) LEE
4. DATE OF DEATH (Month) (Day) (Year) JAN 6, 1955		5. SEX 1 6. COLOR OR RACE White	
7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH MAY-30-1872	
9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR Months Days 11. IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Lincoln, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Judge G. PARKS		13b. MOTHER'S MAIDEN NAME Elizabeth Turkey	
14. NAME OF HUSBAND OR WIFE JED D. LEE		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 Rest Home Records	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the Colon ANTECEDENT CAUSES DUE TO (b) Ascites DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 153X	
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) (Minute) (Second)	
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 May 1953 , to January 5, 1955 , that I last saw the deceased alive on January 5, 1955 , and that death occurred at 11:10 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE Calvin A. Beard (Degree or title)		23b. ADDRESS 2307 Bryant Bldg. Y.C. Mo.	
23c. DATE SIGNED Jan 7 1955		24. LOCATION (City, town, or County) (State) AUBURN ILLINOIS	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JAN. 9-1955	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or County) (State)	
DATE REC'D BY LOCAL REG. 1-8-55		REGISTRAR'S SIGNATURE Neval Marshall	
25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER		ADDRESS SONS K.C. Mo.	

(Licensed Embalmer's Statement on Reverse Side) 1331 BRUSH CREEK BLVD

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

James T. Dewar

Licensed Embalmer No. 44

P. O. Address *Hann*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.