

THE DIVISION OF HEALTH OF MISSOURI
 FILED JAN 28 1955 STANDARD CERTIFICATE OF DEATH

State File No. 1212

55

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	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2242 Hardesty		d. STREET ADDRESS (If rural, give location) 2242 Hardesty	
3. NAME OF DECEASED (Type or Print) a. (First) Olive b. (Middle) Abigale c. (Last) Lord		4. DATE OF DEATH (Month) (Day) (Year) Jan 5 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 31 1891
9. AGE (In years last birthday) 63		10. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (City and State or Foreign Country) Unknown Arkansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Timothy Reeder		13b. MOTHER'S MAIDEN NAME Theodosia Foster	
14. NAME OF HUSBAND OR WIFE George E. Lord		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give year or dates of service) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George E. Lord - 2242 Hardesty K. C.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 Post Ruptured	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		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.	
23. SIGNATURE Hugh H. Owens (Degree or title) 3		23b. ADDRESS 1034 North Blvd	
23c. DATE SIGNED 1-5-55		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Jan 8 1955		24c. NAME OF CEMETERY OR CREMATORY Floral Hills	
24d. LOCATION (City, town, or county) (State) Kansas City Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floral Hills Memorial Chapels, Inc. K.C. Mo	
DATE REC'D BY LOCAL REG. 1-5-55		REGISTRAR'S SIGNATURE Neve Marshall	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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 *Lloyd C. McCall*

Licensed Embalmer No. 4853

P. O. Address 71 E 760

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.