

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 920

FILED MAR 22 1955

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. LENGTH OF STAY (in this place) 25 yrs	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		STREET ADDRESS (If rural, give location) 500 East Truman Road 3218	
3. NAME OF DECEASED (Type or Print) a. (First) Lester		b. (Middle)	c. (Last) Hafford
5. SEX Male		6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH May 31
13a. FATHER'S NAME Unk		13b. MOTHER'S MAIDEN NAME Unk	9. AGE (In years last birthday) 82
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-12-7535	11. BIRTHPLACE (City and State or Foreign Country) Demoiues Ia. / Yes U. S.
17. INFORMANT'S SIGNATURE OR NAME Daniel Houston		14. NAME OF HUSBAND OR WIFE none	

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		
DUE TO (c)		2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		45
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) m.		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 2-14-55, 19 27 to 2-27-55, 19, that I last saw the deceased alive on 2-27-55, 19, and that death occurred at 6:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Frank Ellis MD		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 2-28-55	
--	--	-----------------------------------	--	--------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 1 55		24c. NAME OF CEMETERY OR CREMATORY Blue Ridge		24d. LOCATION (City, town, or county) (State) K. C. Mo.	
--	--	---------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. 3-1-55		REGISTRAR'S SIGNATURE neva minshall		FUNERAL DIRECTOR'S SIGNATURE		ADDRESS 18th Benton Blvd.	
---------------------------------	--	-------------------------------------	--	------------------------------	--	---------------------------	--

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

0.300  
0.48

---

---

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.....  
Signature of Student Embalmer

Signed: *Bruce R. Watters*

Licensed Embalmer No. 459

P. O. Address 18th & Ben

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.