

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

185335

State File No.

FILED JUN 22 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2403

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (In this place) <u>31 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	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 <u>ST. LUKE'S HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>4843 CAMPBELL STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEE</u> b. (Middle) <u>ROY</u> c. (Last) <u>BOURLIER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 2 1955</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB-17-1888</u>	9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONDUCTOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MISSOURI PACIFIC RR</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>D</u> <u>LEXINGTON MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>JAMES BOURLIER</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>MARY L. BOURLIER</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>702-14-4223</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MARY L. BOURLIER</u>	ADDRESS <u>4843 CAMPBELL KANSAS CITY, MO</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SUBACUTE BACTERIAL ENDOCARDITIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>RHEUMATIC HEART DISEASE</u>		<u>UNKNOWN</u>
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>OBITERATING DIVERTICULOSIS COLON</u>		<u>UNKNOWN</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 checked="" 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 9, 1955, to JUNE 2, 1955, that I last saw the deceased alive on JUNE 2, 1955, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>George K. Landis</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>1630 Real Bldg</u>	23c. DATE SIGNED <u>6/3/55</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 4 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MACH PELAH CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LEXINGTON MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>6-4-55</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. K. Newcomer</u>	ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Bernard L. Lottman*

Licensed Embalmer No. *425*

P. O. Address *N.C. 271*

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.