

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29767

State File No. _____

3899

FILED SEP 28 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3899

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) 10 Days	c. CITY OR TOWN Prairie Village	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 Menorah Hospital		* STREET ADDRESS (If rural, give location) 4920 West 69th Street	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Morton	b. (Middle) R.	c. (Last) Lea	Sept.	3	1955

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 25, 1921	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months 6	IF UNDER 4 HRS. Days 65	Hours 14	Min. 28
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Superintendent - Company		10b. KIND OF BUSINESS OR INDUSTRY Weeks Construction Company		11. BIRTHPLACE (City and State or Foreign Country) Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME Robert Lea		13b. MOTHER'S MAIDEN NAME Ida Kinney		14. NAME OF HUSBAND OR WIFE Mrs. Grace Lea	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. 509-09-0056	17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace Lea	ADDRESS 4920 West 69th St. Prairie Village, Ks.
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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) Fractures of clavicle & ribs 9/26		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Left Haemorrhage		
	DUE TO (c) Coronary Arterio-Sclerosis		20 1/4 28
	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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) 12 County Kansas City Jackson MO	(STATE)
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21d. TIME OF INJURY 8:24 55	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car + Streetcar Collision
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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 **3:55 Am**, from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) 3		23b. ADDRESS 1034 Piatt Bldg		23c. DATE SIGNED 9-4-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 6, 1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	24d. LOCATION (City, town, or county) Kansas City Missouri	(State)
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DATE REC'D BY LOCAL REG. 9-6-55	REGISTRAR'S SIGNATURE Irva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE O. H. Newcomer	ADDRESS 1331 Brush Creek Blvd Kansas City, Missouri
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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 *Albert L. Savage*

Licensed Embalmer No. *487*

P. O. Address *Kenosha*

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.