

NO. 300
10.48'

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36909

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 4981
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) 60 YEARS	c. CITY OR TOWN KANSAS CITY	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 ST. LUNE'S HOSPITAL		e. STREET ADDRESS (If rural, give location) 3308 THE PASEO 3538		
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH		b. (Middle) ELLEN	c. (Last) LAKE	4. DATE OF DEATH (Month) (Day) (Year) NOV. 14 1955
5. SEX 1 FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH AUG. 10, 1880	9. AGE (In years) (last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BILLING CLERK		10b. KIND OF BUSINESS OR INDUSTRY CLAY PIPE INDUSTRY CLAY MFG. Co.	11. BIRTHPLACE (City and State or Foreign Country) PHILADELPHIA, MISSOURI	12. COUNTRY OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOSEPH EZRA LAKE		13b. MOTHER'S MAIDEN NAME ROSABELLE WOOD SHARP	14. NAME OF HUSBAND OR WIFE ---	
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. 486-10-6020	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. JOSEPHINE L. LEHNER 3905 PASEO KANSAS CITY, MO	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute subdural hematoma; massive cerebral lacerations + contusions DUE TO (b) Accidental head injury DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH E 7:00 P 45
19a. DATE OF OPERATION NOV 10		19b. MAJOR FINDINGS OF OPERATION Massive acute subdural hematoma		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Restaurant	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 10 1955 9:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell on steps striking head	
22. I hereby certify that I attended the deceased from Nov 10, 1955, to Nov 14, 1955, that I last saw the deceased alive on Nov 14, 1955, and that death occurred at 1:45 P.M., from the causes and on the date stated above.				
23a. SIGNATURE E.C. Weiford		(Degree or title) M.D.	23b. ADDRESS 330 West 47th St.	23c. DATE SIGNED NOV 15 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov. 17, 1955	24c. NAME OF CEMETERY OR CREMATORY Mt. MORIAH CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. 11-17-55		REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O.H. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY, MO.	

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

APR 3 1956

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 *Edward M. Stone*

Licensed Embalmer No. *440*

P. O. Address *K.C. 10*

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.