

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40697**

BIRTH NO. **74756-55** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5105**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City,</b>		c. LENGTH OF STAY (in this place) <b>17 days</b>	c. CITY OR TOWN <b>Excelsior Springs</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>		STREET ADDRESS (If rural, give location) <b>St Paul Street</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>GORDON</b>		b. (Middle) <b>KEITH</b>	c. (Last) <b>LAMLEY</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 22 1955</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>#####</b>	8. DATE OF BIRTH <b>Nov 5th 1955</b>
9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 24 HRS. Days <b>17</b>	IF UNDER 1 HRS. Hours <b>17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>#####</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Excelsior Springs Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>			
13a. FATHER'S NAME <b>Oscar Lamley</b>		13b. MOTHER'S MAIDEN NAME <b>Betty Jean Williams</b>	14. NAME OF HUSBAND OR WIFE <b>#####</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>#####</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr Oscar Lamley- Excelsior Spgs Mo</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hydrocephalus</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating 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. <b>Lumbar meningocoele</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>752X</b>	
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 <b>Nov. 10, 1955</b> , to <b>Nov. 22, 1955</b> , that I last saw the deceased alive on <b>Nov. 22, 1955</b> , and that death occurred at <b>6:55 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Ravis C. Lewis</b>		23b. ADDRESS <b>M.D. 411 Nichols Road Kansas City</b>	23c. DATE SIGNED <b>Nov 23</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Nov 23/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Excelsior Spgs Mo</b>
DATE REC'D BY LOCAL REG. <b>11-24-55 neva munsell</b>		REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hope Fun'l Home- Excelsior Spgs Mo</b>
		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

78 1643

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb<sup>Not</sup>  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *James A. Moles*  
Licensed Embalmer No... 3296

P. O. Address Ex-..Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.