

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40703**
5497

FILED JAN 11 1956

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 5497
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 town) Kansas City, Mo. GENERAL HOSP NO 2		c. LENGTH OF STAY (in this place) 50 yrs	c. CITY OR TOWN Kansas City, Mo.	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 General Hosp No. 2		e. STREET ADDRESS (If rural, give location) 16 1207 Tracy Ave		3168
3. NAME OF DECEASED (Type or Print) Frank		a. (First) Frank	b. (Middle) *****	c. (Last) Lee
4. DATE OF DEATH Dec 14th 55		4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH March 5 1870	9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY construction	11. BIRTHPLACE (City and State or Foreign Country) Utica Mo.		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Robert Lee		13b. MOTHER'S MAIDEN NAME Emma Dunn		14. NAME OF HUSBAND OR WIFE none
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. 487-12-7070	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Oscar Bruce 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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause undetermined		INTERVAL BETWEEN ONSET AND DEATH
		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no post mortem permit		7755
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ p. m., from the causes and on the date stated above.				
23a. SIGNATURE Deputy Coroner		(Degree or title)	23b. ADDRESS 1618 Lydia Ave	23c. DATE SIGNED 12/17/55
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Dec 19 55	24c. NAME OF CEMETERY OR CREMATORY Utica Cemetery	24d. LOCATION (City, town, or county) (State) Utica Mo.	
DATE REC'D BY LOCAL REG. 12-17-55	REGISTRAR'S SIGNATURE Neva Minshel	25. FUNERAL DIRECTOR'S SIGNATURE Adkins Funeral Home	ADDRESS Kansas City Mo.	

(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 *C. Kenneth Reynolds*

Licensed Embalmer No. *443*

P. O. Address *95011*

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.