

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40745**  
**5593**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>72 Days</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Research Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1040 Haskell Avenue</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lawrence</b>	b. (Middle) _____	c. (Last) <b>Mayden</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 21, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 15, 1917</b>	9. AGE (In years last birthday) <b>38-2-24</b>	10. UNDER 1 YEAR (Months) _____	11. UNDER 1 HR. (Hours) _____	12. UNDER 1 MIN. (Mins.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Driver</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Consumers Coop.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Salina, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Addison Porter Mayden</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Jewell</b>	14. NAME OF HUSBAND OR WIFE <b>Gertrude Mayden</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>496-05-2263</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Gertrude Mayden, 1040 Haskell, K.C.K.</b>	ADDRESS _____
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Supra + Subphrenic abscess</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diaphragmatic hernia</b> DUE TO (c) <b>Kiester's hernia</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Massive intest Hemorrhage</b>		5604	

19a. DATE OF OPERATION <b>11/25/55</b>	19b. MAJOR FINDINGS OF OPERATION <b>Gastric Hemorrhage + Kiester's hernia</b>	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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 8/12, 1952 to 12/21, 1955, that I last saw the deceased alive on Dec. 21, 1955, and that death occurred at 6:30P m., from the causes and on the date stated above.

22a. SIGNATURE <b>J. G. Montgomery MD</b>	22b. ADDRESS <b>Kansas City, Missouri</b>	22c. DATE SIGNED <b>12/23/1955</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Dec. 24, 1955</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Highland Park Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>
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DATE REC'D BY LOCAL REG. <b>12-23-55</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos. A. Butler's Sons, Kansas City, Kas.</b>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
J. G. Montgomery

APR 29 1957

**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 .....  
Student Embalmer

Signed Jack A. Moore

Licensed Embalmer No. 4729

P. O. Address Kansas City

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 this body is not embalmed, fact should be so stated above.