

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **40748****5233**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas city Mo</u>		c. LENGTH OF STAY (In this place) <u>4 6 yrs</u>		c. CITY OR TOWN <u>Kansas city</u>		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 <u>7516 Washington</u>				e. STREET ADDRESS (If rural, give location) <u>7516 Washington</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mrs Lucile Ann</u>		b. (Middle) <u>Medlock</u>		c. (Last) <u>Medlock</u>	
4. DATE OF DEATH		(Month) (Day) (Year)		<u>12-2-1955</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>3-28-1877</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Miami Co Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>William A York</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Merritt</u>		14. NAME OF HUSBAND OR WIFE <u>Albert W Medlock</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Medlock 7516 Washington</u>			
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* <u>Arteriosclerotic Coronary Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>	
		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. <u>Cardiac Deconperation</u>				<u>2 mos.</u>	
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)		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 <u>Jan 11, 1950</u> to <u>Dec. 2, 1955</u> , that I last saw the deceased alive on <u>Nov 30, 1955</u> , and that death occurred at <u>7:45 m.</u> , from the causes and on the date stated above.				23a. SIGNATURE <u>Paul E. Pearson, M.D.</u> (Degree or title)		23b. ADDRESS <u>1025 Ruston Bldg., K.C. Mo</u>	
23c. DATE SIGNED <u>12/2/55</u>		24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>12-5-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Merrel Missouri</u>		DATE REC'D BY LOCAL REG. <u>12-2-55</u>		REGISTRAR'S SIGNATURE <u>Reva Munsell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>France Wornall Funeral Home</u>	

(Licensed Embalmer's Statement on Reverse Side)

K E 710

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

Paul E. Pearson

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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 *Russell N. Franke*

Licensed Embalmer No. *42*

P. O. Address *K.C.*

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.