

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13357

1595

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| BIRTH NO. | | REG. DIST. NO. 149 | PRIMARY REG. DIST. NO. 002 | Registrar's No. 1595 |
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Jackson | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City | | c. LENGTH OF STAY (in this place) 46 yrs | 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 Trinity Lutheran Hosp. | | e. STREET ADDRESS (If rural, give location) 3724 Broadway 3485 b | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) LEE | | b. (Middle) B. | c. (Last) LAWS | 4. DATE OF DEATH (Month) (Day) (Year) 4 12 56 |
| 5. SEX Ma | 6. COLOR OR RACE Wh | 7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 9-5-1875 | 9. AGE (In years last birthday) 80 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. contractor | 10b. KIND OF BUSINESS OR INDUSTRY Building | 11. BIRTHPLACE (City and State or Foreign Country) Erie, Kansas, St Paul | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Thomas Laws | | 13b. MOTHER'S MAIDEN NAME Margaret Barber | 14. NAME OF HUSBAND OR WIFE Ada R. Laws | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) XX 496-01-5766 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Dora Laws, 3724 Broadway, KC 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, asthenia, etc. It means the disease, injury, or competition which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) -- Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Prostate DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anteriodontosis - Generalized | | INTERVAL BETWEEN ONSET AND DEATH 3 yrs. 177k |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 2, 1956, to April 12, 1956, that I last saw the deceased alive on April 11, 1956, and that death occurred at 1:30 Am., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE OF O.T.W. Theel Otto H. Theel M.D. | | 23b. ADDRESS (Degree or title) 4301 Main Street | 23c. DATE SIGNED 4-12-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 4-12-56 | 24c. NAME OF CEMETERY OR CREMATORY McCune Cemetery | 24d. LOCATION (City, town, or county) (State) McCune, Kansas | |
| DATE REC'D BY LOCAL REG. 4-12-56 | REGISTRAR'S SIGNATURE neva merrill | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagner Funeral Home, R 6 Mo | | |

(Licensed Embalmer's Statement on Reverse Side)

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

VS. FEB. 29 1960

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 *Alvin R. Hansen*

Licensed Embalmer No. *41*

P. O. Address *R. 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.