

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16462

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2030

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 township) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 50 YEARS		e. STREET ADDRESS (If rural, give location) 1704 EAST 75 <sup>TH</sup> TERRACE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUNE'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) LUCILLE	b. (Middle) EDNA	c. (Last) LITER	4. DATE OF DEATH (Month) (Day) (Year) MAY 8 1956
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 29 1895	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) ST FRANCIS, KANSAS	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JOHN CORCORAN	13b. MOTHER'S MAIDEN NAME ANGIE GOLDMAN	14. NAME OF HUSBAND OR WIFE C. W. LITER
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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) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME C. W. LITER	ADDRESS 1704 E. 75 <sup>TH</sup> TERRACE KANSAS CITY, MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Bacterial Poisoning</i>		INTERVAL BETWEEN ONSET AND DEATH  99702
	ANTECEDENT CAUSES 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: <i>sub-analysis negative</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE - HOMICIDE (Specify) <i>suicide</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Kansas City Jackson mo</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <i>5 8 56</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>alleged to have taken a fall</i>
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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 *12:35* m., from the causes and on the date stated above.

23a. SIGNATURE <i>High H. Owens</i> (Degree or title)	23b. ADDRESS <i>1134 Oakto Bluffs</i>	23c. DATE SIGNED <i>5-9-56</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>MAY 10, 1956</i>	24c. NAME OF CEMETERY OR CREMATORY <i>MT. MORIAN CEMETERY</i>	24d. LOCATION (City, town, or county) (State) <i>KANSAS CITY MISSOURI</i>
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DATE REC'D BY LOCAL REG. <i>5-10-56</i>	REGISTRAR'S SIGNATURE <i>neva minshell</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>D.H. Newcomb</i>	ADDRESS <i>1331 BRUSH CREEK KANSAS CITY, MO.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Heimlich*

*Heimlich*

**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 *Chester K Burk*

Licensed Embalmer No. *49*

P. O. Address *KEW*

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.