

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20476

State File No. \_\_\_\_\_

2302

FILED JUN 25 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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>Douglas</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>2 Weeks</b>		c. CITY OR TOWN <b>Lawrence</b>		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 <b>Research Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>2112 New Hampshire</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ada</b> b. (Middle) _____ c. (Last) <b>Facock</b>			4. DATE OF DEATH Month <b>May</b> Day <b>23</b> Year <b>1956</b>						
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, 3 WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Feb. 22, 1886</b>		9. AGE (In years last birthday) <b>70</b>	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) <b>Retired 2 yrs., biller &amp; Insurance Corp.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Central Surety</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Near London, England</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
13a. FATHER'S NAME <b>Frank Melham</b>		13b. MOTHER'S MAIDEN NAME <b>Emma</b>		14. NAME OF HUSBAND <b>Charles James Facock</b>					
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>192-11-9831</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Godfrey Facock</b> ADDRESS <b>2112 New Hampshire Lawrence, Kansas</b>					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Encephalopathy</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes mellitus</b> <b>Myocardial Infarct in past</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>  <b>332X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Arteriosclerosis Obliterans</b>		20. AUTOPSY? YES <input checked="" 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) (Min.)		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>5-8, 1956</u> , to <u>5-23, 1956</u> that I last saw the deceased alive on <u>5-22, 1956</u> , and that death occurred at <u>2:35 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Dr. C. J. ... M.D.</b>				23b. ADDRESS <b>Avoyles Bldg. N.C. Mo</b>		23c. DATE SIGNED <b>5-24-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 25, 1956</b>	24c. NAME OF CEMETERY OR REPOSITORY <b>Forest Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>				
DATE REC'D BY LOCAL REG. <b>5-25-56</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stine &amp; McClure Und.Co. 3232 Griffin Plaza Kansas City, Mo.</b>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD  
Ira C. Layton

**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 *J. H. Crowell*.....

Licensed Embalmer No. *490*

P. O. Address *H. C. Me...*

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.