

FILED AUG 29 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27016

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>3405</u>			
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>LYON</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>5 MONTHS</b>		c. CITY OR TOWN <b>EMPORIA</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>5604 CHERRY</b>				e. STREET ADDRESS (If rural, give location) <b>611 W. WILMAN COURT</b>				<b>8559</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>BERTHA</b>			b. (Middle) <b>LORD</b>		c. (Last) <b>LORD</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 4 1956</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>10-1-1880</b>		9. AGE (In years last birthday) <b>75</b> if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Emporia Kansas</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>	
13a. FATHER'S NAME <b>Howard Dunlap</b>				13b. MOTHER'S MAIDEN NAME <b>Ella Cole</b>		14. NAME OF HUSBAND OR WIFE <b>Earl Lord</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>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Earl Lord 611 W. Wilman Court Emporia, Ks.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Basilar Cerebral Vascular Insufficiency with Encephalomalacia.</b>						INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs +</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis Generalized</b>						<b>332X</b>	
		DUE TO (c) <b>Arterio Sclerosis, Renal</b>						<b>Yrs. -</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						19. 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) 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 <u>May 1</u> , 19 <u>56</u> , to <u>August 4</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8/3/56</u> , 19 <u>56</u> , and that death occurred at <u>8:15</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Arnold V. Arms</b> (Degree or title) <b>Arnold V. Arms MD.</b>				23b. ADDRESS <b>4635 Wyandotte R. City Mo</b>			23c. DATE SIGNED <b>8-4-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>8/6/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>19 W. New corner</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City MO</b>			
DATE REC'D BY LOCAL REG. <b>8-5-56</b>		REGISTRAR'S SIGNATURE <b>Merna Minshall</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Stine &amp; McClure Und. Co. Kansas City, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Licensed Embalmer No. *4907*

P. O. Address *N.C. 911*

**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.