

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34073
 STATE FILE NUMBER
 4283
 Registrar's No.

FILED OCT 24 1956

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> COUNTY <u>PLATTE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS City Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Parkville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hosp</u> Length of stay in lb <u>5 days</u>		d. STREET ADDRESS (If outside, give location) <u>205 MAIN</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>CONSTANCE</u> First <u>J.</u> Middle <u>Lambertson</u> Last		4. DATE OF DEATH <u>9-30-56</u> Month <u>9</u> Day <u>30</u> Year <u>56</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>9-6-89</u>
9. AGE (In years last birthday) <u>67</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Public Schools</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired School teacher</u>		11. BIRTHPLACE (City and state or country) <u>Loren Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Charles C. Myers</u>	
14. MOTHER'S MAIDEN NAME <u>Josephine Rosenstiel</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>no</u>		17. INFORMANT <u>S.P. Van Horn - 205 Main Parkville, Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma, anaplastic</u> DUE TO (c) <u>Primary site unk.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH <u>18 mths</u> <u>2 yrs.</u> <u>1999</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>3:00</u> Month, Day, Year <u>1956</u> a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Dec 1954</u> to <u>Sept. 30, 1956</u> and last saw her alive on <u>Sept. 29, 1956</u> Death occurred at <u>2:30 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. L. Slentz</u> (Degree or title)		22b. ADDRESS <u>4620 Nichols Pkwy, K. C., Mo.</u>	
22c. DATE SIGNED <u>Oct 1, 1956</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Oct 3 56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cem. Parkville</u>	
23d. LOCATION (City, town, or county) (State) <u>Mo</u>		24. FUNERAL DIRECTOR <u>Leland A. Francis</u> ADDRESS <u>Parkville</u>	
25. DATE RECD. BY LOCAL REG. <u>10-2-56</u>		26. REGISTRAR'S SIGNATURE <u>Merna Minshel</u>	

So
1-3550

Admission
to the
profession

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, ~~or by~~, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Leland H. Francis*

Licensed Embalmer No. *34*

P. O. Address *Parkville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.

