

Health, Welfare, Public Service, 300 -56, All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Every necessary statement must be made. Cause of death must be stated. No symptoms will be listed. All

FILED NOV 2- 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4472

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOWNTOWN Hosp.		STREET ADDRESS 1210 BROADWAY	
Length of stay in lb. 30 YRS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM DAVID LOTT			4. DATE OF DEATH Month Day Year OCT 14 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 14, 1901	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CIRCUS PERFORMER		10b. KIND OF BUSINESS OR INDUSTRY ENTERTAINMENT		11. BIRTHPLACE (City and state or country) NEW FRANKLIN, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME DAVID LOTT		
14. MOTHER'S MAIDEN NAME SALLIE BURRIS			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. unk.			17. INFORMANT Address MRS. ANNA TUGGLE FAYETTE, MO. 105 S. HOWARD		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular Accident-left hemisphere		INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Diabetes Mellitus	Years
	DUE TO (c)	260X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		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 Month, Day, Year 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 October 11, to October 14, 1956 and last saw her alive on Oct. 14, 1956	
Death occurred at 9:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) E. Robert Negro MD	22b. ADDRESS 1222 McGee St., K.C., Mo.
22c. DATE SIGNED 10-15-56	

23a. BURIAL, CREMATION REMOVAL (Specify)	23b. DATE 10-15-56	23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant	23d. LOCATION (City, town, or county) (State) New Franklin Mo
24. FUNERAL DIRECTOR Ralph A. Carr	ADDRESS New Franklin, Mo	25. DATE RECD. BY LOCAL REG. 10-15-56	26. REGISTRAR'S SIGNATURE Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
E. Robert Negro

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Licensed Embalmer No. 49

P. O. Address K.C.?

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.