

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1956

34199

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2707

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE Missouri b. COUNTY JACKSON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL				Length of stay in lbs 58 YRS		d. STREET ADDRESS (If outside, give location) 2416 EAST 72ND ST.		
3. NAME OF DECEASED (Type or print) First Middle Last Lillard CHANCE Richman				4. DATE OF DEATH Month Day Year Oct 29 1956				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MAY 18, 1898		
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) K.C. TERMINAL			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTH PLACE (City and state or country) K.C. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME DIMICK				14. MOTHER'S MAIDEN NAME BERTIE CHANCE				
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. 495-10-6308		17. INFORMANT Address Mrs. GLADIS RICHMAN 2416 EAST 72ND ST. KANSAS CITY, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acedemia</i> DUE TO (b) <i>Diabetes Mellitus</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (g) <i>Cerebral Hemorrhage</i>							INTERVAL BETWEEN ONSET AND DEATH <i>20 1/2</i> <i>2 years</i> <i>260X</i>	
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.) <i>NO</i>		
20c. TIME OF INJURY 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 death occurred <i>10-27-56 6:25P.</i> to last saw her/him alive on <i>10-30-56 10-29-56</i> from the causes stated.								
22a. SIGNATURE (Degree or title) <i>W. P. Miller MD</i>				22b. ADDRESS <i>100 Argyle</i>		22c. DATE SIGNED <i>10-30-56</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>NOV. 1, 1956</i>		23c. NAME OF CEMETERY OR CREMATORIUM <i>FORREST HILL</i>		23d. LOCATION (City, town, or county) (State) <i>KANSAS CITY, MO.</i>		
24. FUNERAL DIRECTOR ADDRESS <i>D.W. NEWCOMERSONS 1331 K.C. Mo BRUSH CREEK Blvd</i>				25. DATE RECD. BY LOCAL REG. <i>10-31-56</i>		26. REGISTRAR'S SIGNATURE <i>Rena Trinchell</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
W. P. Miller

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *Edward M. Stone*.....

Licensed Embalmer No. *44*.....

P. O. Address *K.C. Mo.*.....

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.