

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 13 1956

38117  
STATE FILE NUMBER  
5074

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital 17 yrs.</u>				Length of stay in hospital <u>17 yrs.</u>		d. STREET ADDRESS <u>2036 Lister</u>	
3. NAME OF DECEASED (Type or print) First <u>ELSIE</u> Middle <u>MARE</u> Last <u>LASATER</u>				4. DATE OF DEATH Month <u>Nov</u> Day <u>21</u> Year <u>1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 7-1933</u>		9. AGE (In years last birthday) <u>22</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Typist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fifty Day School</u>		11. BIRTHPLACE (City and state or country) <u>Knoxville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>C. M. Barchus</u>				14. MOTHER'S MAIDEN NAME <u>Mabel Kinsey</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yrs. give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-34-6844</u>		17. INFORMANT <u>Carroll Lasater</u> Address <u>2036 Lister</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>Peripheral Vascular Collapse</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Disseminated Lupus Erythematosus</u> DUE TO (c) _____ 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>24 hrs</u> <u>3 yrs.</u> <u>456x</u>	
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 <u>Nov. '53</u> to <u>Nov. 21/56</u> and last saw her <sup>him</sup> alive on <u>11/17/56</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Mary C. Colglazier</u> (Doctor or title) <u>Mary C. Colglazier, MD</u>				22b. ADDRESS <u>3317 E 43rd KCMO</u>		22c. DATE SIGNED <u>11/21/56</u>	
23a. BURIAL CREMATION, REMOVAL (Specify)		23b. DATE <u>11/24/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>		
24. FUNERAL DIRECTOR <u>C. H. Blackman &amp; Son Inc</u> <u>H. C. Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-23-56</u>		26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Wa. 1-856  
3-17-84

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..... *Bert B. Benna*

Licensed Embalmer No. *46*

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.