

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER  
41574  
5501

Registration District No. 149 Primary Registration District No. 1602 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1324 East 85th St.</b>			Length of stay in hospital <b>57 Years</b>		d. STREET ADDRESS (If outside, give location) <b>1324 East 85th. St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Lester</b> Middle <b>William</b> Last <b>LAFAYETTE</b>				4. DATE OF DEATH Month <b>Dec</b> Day <b>18</b> Year <b>1956</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct. 26 1899</b>		9. AGE (In years last birthday) <b>57</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Warehouse man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wholesale Prod.</b>		11. BIRTHPLACE (City and state or country) <b>Kansas City Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Larry LaFayette</b>				14. MOTHER'S MAIDEN NAME <b>Amelia Etzold</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>487-05-5976</b>		17. INFORMANT Address <b>Fay LaFayette 1324 East 85 th Street KC Mo</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ACUTE MYOCARDIAL INFARCTION</b>							INTERVAL BETWEEN ONSET AND DEATH <b>6 HOURS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CORONARY ARTERIOSCLEROSIS</b>							<b>1 YEAR</b>
DUE TO (c) _____							<b>42-01</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>HYPERTENSIVE HEART DISEASE</b>							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a. m. _____ p. m. _____ Month, Day, Year _____							
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 <b>OCT. 1956</b> to <b>DEC. 18, 1956</b> and last saw <del>him</del> <b>him</b> alive on <b>DEC. 11, 1956</b> Death occurred at <b>2:00 p. m</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>T Reid Jones</b> (Signature or title)				22b. ADDRESS <b>111 Nichols Rd.</b>		22c. DATE SIGNED <b>12. 19.56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<b>Burial</b>		<b>Dec 21 1956</b>	<b>Green Lawn Cem.</b>		<b>Kansas City Missouri</b>		
24. FUNERAL DIRECTOR <b>Melody McGilley Eylar</b> (Address) <b>Kan City Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>12-19-56</b>		26. REGISTRAR'S SIGNATURE <b>Alva Minshall</b>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare  
Public  
Service300  
-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

MEDICAL CERTIFICATION

---

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. .... 4

P. O. Address..... R. 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.