No. 300
10.48

FILED JAN 14 1957 254

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1547

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 3

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1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Indep. Sanitorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 8827 Lexington

1000

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): John
c. (Last): Lafal

4. DATE OF DEATH (Month) (Day) (Year): Jan 1, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Never Married
8. DATE OF BIRTH: Mar 30, 1938
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist Helper
10b. KIND OF BUSINESS OR INDUSTRY: United Mfg. Co
11. BIRTHPLACE (City and State or Foreign Country): Kansas City, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James J. Lafal
13b. MOTHER'S MAIDEN NAME: Rosalie Bogie
14. NAME OF HUSBAND OR WIFE: _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): _____
16. SOCIAL SECURITY NO.: 500-38-5858
17. INFORMANT'S SIGNATURE OR NAME: Rosalie Lafal — ADDRESS: 8827 Lexington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock + Hemorrhage resulting from
ANTECEDENT CAUSES: Lacerations of Rt Lung + multiple rib fractures,
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured liver, massive retroperitoneal
DUE TO (c) Hemorrhage + fractured pelvis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
9025
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) 46 (COUNTY) (STATE): 700 Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-1-57 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: apparently fell from bridge

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): GW C Leonhardy M.D. County Coroner
23b. ADDRESS: 6627 Prospect Kansas
23c. DATE SIGNED: 1-2-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 4, '57
24c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
24d. LOCATION (City, town, or county) (State): Indep. Mo

DATE REC'D BY LOCAL REG.: 1-14-57
REGISTRAR'S SIGNATURE: James [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: Wilbur L. Kepley — ADDRESS: Indep. Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JAN 9 1957

MAR 7 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Indep. M

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