

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

B. A. Lieberman Jr. *can be 917*

FILED MAR 4 1957

Registration District No.

149

Primary Registration District No. 1002

Registrar's No. **611**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution, give institution name and address) a. STATE Mo b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY ^{390 8}	
c. FULL NAME OF (If NOT in hospital, give location) MENORAH hosp		d. STREET ADDRESS 1003 W 86th St	
3. NAME OF DECEASED (Type or print) ELIZA ^{First} ELIZABETH ^{Middle} HANDLEY ^{Last}		4. DATE OF DEATH 2 ^{Month} 7 ^{Day} 57 ^{Year}	
5. SEX F	6. COLOR OR RACE W	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH 11-17-62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		11. BIRTHPLACE (City and state or country) England	
13. FATHER'S NAME James Gardiner		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Mrs. Richard Learmonth - Home	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure, chronic pyelonephritis, acute, bilateral		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombosis, partial abdominal aorta DUE TO (c) Chronic pyelonephritis, bilateral, lower lobe		4341	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Osteoporosis, d. flexa		19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 1		
20c. TIME OF INJURY Hour - Month, Day, Year p. m.			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	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 for many years to 7 Feb 1957 and last saw him alive on 6 Feb 1957 . Death occurred at 7:50 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title) D	22b. ADDRESS 1103 Grand Ave	22c. DATE SIGNED 7 Feb 57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-8-1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Greenwood	23d. LOCATION (City, town, or county) (State) Chicago, Illinois
24. FUNERAL DIRECTOR Stine & McClure - Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 2-8-57	26. REGISTRAR'S SIGNATURE Reva Minshall	

7/20/1-22/2

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 *J. S. Walton*

Licensed Embalmer No. *274*

P. O. Address *H. C. M.*

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.