

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4841  
STATE FILE NUMBER  
661

FILED MAR 4 1957

Registration District No. 149 Primary Registration District No. 1002 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>KANSAS</b> b. COUNTY <b>JOHNSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>MISSION HILLS 8150 KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>GRASSE NURSING HOME</b> Length of stay in 1b <b>1 YEAR</b>		d. STREET ADDRESS <b>2916 WEST 66<sup>th</sup> ST.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>ANNA</b> Middle <b>ETTA</b> Last <b>LYON</b>			4. DATE OF DEATH Month <b>FEB.</b> Day <b>10</b> Year <b>1957</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAR. 11, 1972</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME - DOMESTIC</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Arrow Rock, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>RUBEN HARGETY</b>			14. MOTHER'S MAIDEN NAME <b>MINERVA DOLLISON</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs. C. D. Moulin</b> Address <b>2816 W. 66<sup>th</sup> Kansas City 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>Saradese Decomposition</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
DUE TO (b) <b>Arteriosclerosis</b>		
DUE TO (c) <b>Arterial Hypertension</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Right Hemiplegia &amp; Fractured Hip - 1 year ago</b>		19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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.) <b>2</b>	
20c. TIME OF INJURY Hour 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 <b>6-22-56</b> to <b>2-10-57</b> and last saw her alive on <b>2-10-57</b> Death occurred at <b>7:00 P. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>Carl R. Ferris</b> (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>535 Wagoner Bldg Kansas City Mo</b>	22c. DATE SIGNED <b>2-11-57</b>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>FEB. 11, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CROWN HILL CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>SEDALIA, MISSOURI</b>
24. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS</b>	ADDRESS <b>1331 BRUSH CREEK R. C., MO.</b>	25. DATE RECD. BY LOCAL REG. <b>2-11-57</b>	26. REGISTRAR'S SIGNATURE <b>neva minshall</b>

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Service  
300 1-56  
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  
Carl R. Ferris

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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 *Adrian Jay Stitt*

Licensed Embalmer No. *489*

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.