

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5023

State File No. ....

FILED MAR 13 1957

BIRTH NO. 1381777544-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 863

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

Thomas E. Draney

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 OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Kansas City</u>		d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hosp.</u>			e. STREET ADDRESS (If rural, give location) <u>3703 Monroe</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lori</u>		b. (Middle) <u>Ann</u>	c. (Last) <u>Stanley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 22-57</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>Oct 31 '56</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>infant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>STANLEY James C. Stanley</u>		13b. MOTHER'S MAIDEN NAME <u>Stovall</u>	13c. NAME OF HUSBAND OR WIFE <u>none</u>		
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		15. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James C. Stanley</u> ADDRESS <u>3703 Monroe</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adrenal failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchopneumonia</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. AUTOPSY? <u>274 X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>89 Feb</u> , 19 <u>57</u> , to <u>21 Feb</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>21 Feb</u> , 19 <u>57</u> , and that death occurred at <u>10:20pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Thomas E. Draney M.D.</u>			23b. ADDRESS <u>4526 Paseo</u>		23c. DATE SIGNED <u>22 Feb 57</u>
24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE <u>2-23-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bates City</u>	24d. LOCATION (City, town, or county) (State) <u>Bates City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-22-57</u>		REGISTRAR'S SIGNATURE <u>Nevar Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wells Montgomery</u> ADDRESS <u>Blue Springs Mo. via Edmond</u>		

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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 embalmed by me, or by ..... Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *John R. Edm*

Licensed Embalmer No... *453*

P. O. Address *Kansas City*

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