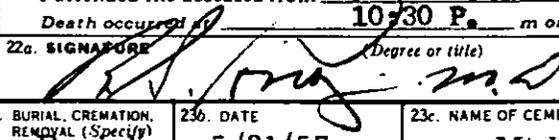


## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED JUN 5 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2321

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY		Jackson		a. STATE		Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only)		Inside Limits OR TOWN		b. COUNTY		Jackson	
Kansas City		Yes# No <input type="checkbox"/>		c. CITY OR TOWN		24 Kansas City	
c. FULL NAME OF (IF NOT in hospital, give location)		Length of stay in 1b		d. STREET ADDRESS		(If outside, give location) Reside on Farm	
HOSPITAL OR INSTITUTION		4520 E. 24 St.		50 Yrs.		2 4520 E. 24 St.	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First		Middle		Month		Day Year	
John		Lane		May		18 1957	
5. SEX		6. COLOR OR RACE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH	
Male		White		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		Oct. 5, 1880	
9. AGE (In years last birthday)				10. KIND OF BUSINESS OR INDUSTRY			
76				Retired ASSEMBLYMAN Chevrolet Co.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				11. BIRTHPLACE (City and state or country)			
Retired ASSEMBLYMAN Chevrolet Co.				Lynn Mo.			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
John T. Leach				Mattox			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Address	
no				495-07-7786		Mrs Eunice Leach 4520 W 24 St K. C.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Arrest</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Seconds</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							One month
DUE TO (b) <u>Complete heart blocks with Stokes Adams attacks</u>							Years
DUE TO (c) <u>Arteriosclerotic heart disease with</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Uremia</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year 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 <u>April 23, 1957</u> to <u>May 18, 1957</u> and last saw her alive on <u>May 18, 1957</u> Death occurred at <u>10:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title)				22b. ADDRESS		22c. DATE SIGNED	
				4800 East 24, Kansas City, Mo.		5-20-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		5/21/57		Mt Washington		Kansas City Mo.	
24. FUNERAL DIRECTOR ADDRESS			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE		
Stine & McClure K. C. Mo.			5-20-57		neva Minshall		

(Licensed Embalmer's Statement on Reverse Side)

Be 1-5-9491  
will be in office 1.30 to 4.30



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 Elmo D. Tipton  
\_\_\_\_\_

Licensed Embalmer No. 481

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.