

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

P. L. Byers

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 12 1957

STATE FILE NUMBER 17213  
REGISTRATION DISTRICT NO. 147  
PRIMARY REGISTRATION DISTRICT NO. 1002  
REGISTRAR'S NO. 2489

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp		Length of stay in '16 50 Years		d. STREET ADDRESS 4600 J. C. Nichols Plwy	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST L E N A M A E M A C E			4. DATE OF DEATH Month Day Year May 25th, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Nov. 27, 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Pittsfield, Illinois	
13. FATHER'S NAME I. N. McClintock			14. MOTHER'S MAIDEN NAME Julia E. Beaven		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-14-3613		17. INFORMANT Address Mrs. Cecil C. Jones Quivira Lake, Kans.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i> DUE TO (b) <i>Coronary Thrombosis</i> DUE TO (c) <i>Arteriosclerosis - generalised</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Diabetes mellitus; Pyelonephritis.</i>					INTERVAL BETWEEN ONSET AND DEATH 7 days. 7 days. 10 years
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
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 April 1955 to 5-25-57 and last saw her/him alive on 5-25-57. Death occurred at 12:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) P. L. Byers M.D.		22b. ADDRESS 4635 Wyandotte, R. C. Mo		22c. DATE SIGNED 5/27/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		23b. DATE 5-28-57		23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Mausoleum	
23d. LOCATION (City, town, or county) Jackson County, Mo.		24. FUNERAL DIRECTOR Freeman Mortuary, Kansas City		25. DATE RECD. BY LOCAL REG. 5-28-57	
26. REGISTRAR'S SIGNATURE neva minshall					



*Mr. J. H. Rogers*  
*4635 Wyandotte*  
*Apr 11 11 AM*

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. H. Rogers*.....

Licensed Embalmer No. *293*

P. O. Address *501*.....

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.