

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17337

STATE FILE NUMBER

2256

FILED MAY 29 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2256

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD HOSP. ?			Length of stay in lb. 14 yrs	d. STREET ADDRESS 3217 E. 23rd St. (If outside, give location)	
3. NAME OF DECEASED (Type or print) First MIDDLE Last LENOLA SCALES			4. DATE OF DEATH Month Day Year 5 12 57		
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 21, 1941	9. AGE (In years last birthday) 15 yrs.	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) High School Student		10b. KIND OF BUSINESS OR INDUSTRY Lincoln Jr High Sch.		11. BIRTHPLACE (City and state or country) Texas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME LEONARD SCALES		
14. MOTHER'S MAIDEN NAME ESSIE OLA JONES			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. -----			17. INFORMANT LEONARD SCALES 3217 E. 23rd. St. Address		
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>Disseminated lupus erythematosus</u>					INTERVAL BETWEEN ONSET AND DEATH 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					456 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) -----					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. 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>3-30-57</u> to <u>5-12-57</u> and last saw her alive on <u>5-11-57</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Helen Starke, M.D.</u>			22b. ADDRESS <u>Kansas City, Mo</u> <u>Queen of the World Hosp.</u>		22c. DATE SIGNED <u>5-14-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/17/ 1957	23c. NAME OF CEMETERY OR CREMATORY Paris, Texas		23d. LOCATION (City, town, or county) (State) Paris, Texas
24. FUNERAL DIRECTOR <u>W. C. Davis, X. C. Mo.</u>			25. DATE RECD. BY LOCAL REG. 5-15-57		26. REGISTRAR'S SIGNATURE <u>neva minshall</u>

Health, Welfare Public Service

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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Helen Starke

KP
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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

Signature *Lewis H. Jackson*

Licensed Embalmer No. *48*

P. O. Address *K.C.*

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.