

FILED MAY 16 1957

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 570175395

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Grandview</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Raymore</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Grandview Restorium</b>			Length of stay in lb <b>2 yrs</b>		d. STREET ADDRESS (If outside, give location) <b>(none)</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>ELNORA</b> Middle <b>A.</b> Last <b>LIGHTCAP</b>				4. DATE OF DEATH <b>May 8, 1957</b> Month Day Year					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>8-27-1865</b>		9. AGE (In years last birthday) <b>91</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>housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and state or country) <b>Cass Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Custer</b>				14. MOTHER'S MAIDEN NAME <b>unknown</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Mrs. Fred Lawrence</b> Address <b>Raymore, 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>Medullary Paralysis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Thrombotic encephalomalacia</b> DUE TO (c) <b>Arteriosclerosis</b> 332.X							INTERVAL BETWEEN ONSET AND DEATH		
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 <b>1954</b> to <b>8 May 1957</b> and last saw her <sup>alive</sup> <b>7 May 1957</b> Death occurred at <b>12:45</b> A.M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Deputy or title) <b>John R. McKee D. O.</b>				22b. ADDRESS <b>Belton, Mo.</b>			22c. DATE SIGNED <b>5/9/57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5/10/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Raymore Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Raymore, Missouri</b>				
24. FUNERAL DIRECTOR <b>E. K. George &amp; Sons</b>				ADDRESS <b>Belton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5/9/57</b>		26. REGISTRAR'S SIGNATURE <b>Stirling E. Goodard</b>	

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1958

MAY 15 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *Richard E. George*

Licensed Embalmer No. ....

P. O. Address *Bed*

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.