

Health, Welfare & Public Service

FILED JUL 8 1957

STANDARD CERTIFICATE OF DEATH

57 STATE FILE NUMBER 2812

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 2812

300 -57 0

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived; if institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) 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) St. Mary's Hosp.		Length of stay in 1b 63 yrs.	d. STREET ADDRESS (If outside, give location) 4010 Bellefontaine Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JAMES Middle HENRY Last LAWLESS			4. DATE OF DEATH Month June Day 15 Year 1957	
---	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 14, 1877	9. AGE (In years last birthday) 80	FUNDER 1 YEAR Months 8 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
--------------------	-------------------------------	---	---	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner & Operator	10b. KIND OF BUSINESS OR INDUSTRY Carpet Laying Co.	11. BIRTHPLACE (City and state or country) Ireland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	---

13a. FATHER'S NAME Pierce Lawless	13b. MOTHER'S MAIDEN NAME Mary Ann Dempsey	14. NAME OF HUSBAND OR WIFE Joe Hanah Lawless
---	--	---

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. NONE	17. INFORMANT Address Mrs. Mary Hanks - 5630 Wabash - K.C., Mo.
--	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Cerebral & Coronary & femoral artery Mural Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1201
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 4:12 a.m. 57 Month, Day, Year 6-15-57	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 Kansas City	STATE Mo.
--	--	--	--	---------------------

21. I attended the deceased from 4-12-57 to 6-15-57 and last saw her alive on 6-14-57 Death occurred at 4:12 m on the date stated above; and to the best of my knowledge, from the cause stated.	
---	--

22a. SIGNATURE H. H. OWENS (Degree or title) H. H. Owens M.D.	22b. ADDRESS 1039 Riatta Bldg.	22c. DATE SIGNED 6-15-57
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-17-57	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
--	-----------------------------	--	--

24. FUNERAL DIRECTOR Melloy-McGilley-Eylar	ADDRESS Kansas City, Mo	25. DATE RECD. BY LOCAL REG. 6-15-57	26. REGISTRAR'S SIGNATURE Reva Minshel
--	-----------------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

H. H. Owens
Rialto, Eldg.
Vi 2-2813 - off.
Home - 414-2040

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 Arthur Eugene Nash

Licensed Embalmer No. 4912
P. O. Address K.C. Mo.

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.