Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1958

STATE FILE NUMBER 1307

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 183

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3812 WALNUT ST. — Length of stay in 1b ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE IOWA b. COUNTY TAYLOR
c. CITY OR TOWN NEW MARKET — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CALLIE Middle E. Last LAKE

4. DATE OF DEATH Month JAN. Day 13. Year 1958

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH FEB-2-1871

9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. 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) WOODS COUNTY, OHIO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME THOMAS R. LOMAN

13b. MOTHER'S MAIDEN NAME MARY BAILEY

14. NAME OF HUSBAND ~~OR WIFE~~ GEORGE LAKE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) --

16. SOCIAL SECURITY NO. NONE

17. INFORMANT MRS. MYRTLE HANDFORD — Address 3812 WALNUT STREET KANSAS CITY, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PYELONEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARCINOMA OF RECTUM

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Jan 1-1958 to Jan 13, 1958 and last saw her alive on Jan 12, 1958
Death occurred at 10:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Underwood, Jr. (Degree or title) M.D.

22b. ADDRESS 7103 Grand Ave Kansas City, Mo.

22c. DATE SIGNED 1-13-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE JAN. 13. 1958

23c. NAME OF CEMETERY OR CREMATORY —

23d. LOCATION (City, town, or county) CLARINDA (State) IOWA

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS — ADDRESS 3331 BRUSH CREEK KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG. 1-13-58

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. Underwood, Jr.

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 Norman W. T. Lowe

Licensed Embalmer No. 4889

P. O. Address N.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.