

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021243

STATE FILE NUMBER

2828

393

Registration District No. Primary Registration District No. 1002

Registrar's No.

FILED JUN 16 1958

1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4610 E. 46 St, No</u>		Length of stay in lb <u>25 YRS</u>		STREET ADDRESS (If outside, give location) <u>4610 E. 46 St, No</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Sydney O. Lichfield</u>				4. DATE OF DEATH Month Day Year <u>June 3, 1958</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>9-28-1878</u>		9. AGE (In years last birthday) <u>79</u> 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) <u>Retired meat cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state) <u>EXLAND / LONDON</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>UNK Lichfield</u>		13b. MOTHER'S MAIDEN NAME <u>UNK</u>		14. NAME OF HUSBAND OR WIFE <u>Lelia E. Lichfield</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>MRS. LELIA E. Lichfield</u>			
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>Acute Myocardial failure</u> DUE TO (b) <u>Cardiac hypertrophy + Dilation</u> DUE TO (c) <u>Aortic Stenosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>indefinite</u> <u>4-11</u>	
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 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>3-6-58</u> to <u>6-3-58</u> and last saw her alive on <u>5-20-58</u> Death occurred at <u>6:30 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <u>Pat L Morrison D.O.</u>		22b. ADDRESS <u>2014 Swift North KC</u>	
22c. DATE SIGNED <u>6-4-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>6-5-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>	
23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>		23e. STATE <u>Mo.</u>		24. FUNERAL DIRECTOR <u>D.W. Newcomer, N.K.C.</u>		25. DATE RECD. BY LOCAL REG. <u>6-4-58</u>	
26. REGISTRAR'S SIGNATURE <u>neva minshall</u>							

Pat. L. Morrison

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.



APR 19 1939

Beal - 5939

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 *John W. Kalsbeck* ..... Licensed Embalmer No. *4949*

P. O. Address *No. Kansas City*

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.