

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021838

STATE FILE NUMBER 2075

FILED JUL 14 1958

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

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 type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSP.		Length of stay in 1b 25 YRS	d. STREET ADDRESS (If outside, give location) 6400 WALROND
3. NAME OF DECEASED (Type or print) First Middle Last LYLE E. CLEVINGER			4. DATE OF DEATH Month Day Year JUNE 12 1958
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 APRIL-17-1920
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN - O'CONNOR		10b. KIND OF BUSINESS OR INDUSTRY FOOD - THOMPSON BROKER	11. BIRTHPLACE (City and state or, country) OREGON, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME ARBARY CLEVINGER	
13b. MOTHER'S MAIDEN NAME JESSIE MORRIS		14. NAME OF HUSBAND OR WIFE GENEVIEVE CLEVINGER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.II		16. SOCIAL SECURITY NO. 487-14-9370	17. INFORMANT. GENEVIEVE CLEVINGER 6400 WALROND Mo. K.C.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocarditis 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)			INTERVAL BETWEEN ONSET AND DEATH unknown
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from March 10, 1958 to May 12, 1958 and last saw him alive on June 12, 1958 Death occurred at 10:50 A.M. on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE Dr. Stanley Mores		22b. ADDRESS 4620 Nichols Plany	22c. DATE SIGNED 6.13.58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JUNE-14-1958	23c. NAME OF CEMETERY OR CREMATORY MT. OLIVET
23d. LOCATION (City, town, or county) KANSAS CITY		23e. (State) Mo.	
24. FUNERAL DIRECTOR D.W. Newcomer Sons		ADDRESS Kan. City, Mo.	25. DATE RECD. BY LOCAL REG. 6-13-58
26. REGISTRAR'S SIGNATURE Neva Minshall			

F. Stanley Mores

MEDICAL CERTIFICATION

OCT 8 1958

KP 4

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Handwritten notes

MA 1-9500

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 *Chester K Brown*

Licensed Embalmer No. *4931*

P. O. Address *KE MD*

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.