

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021960  
State File No. 2743  
Registrar's No.

No. 300  
10-48

FILED JUN 16 1958

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. 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 not in corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 43 yrs	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Kansas City Tubercular Hospital		e. STREET ADDRESS (If rural, give location) 3308 E. 59th Street		
3. NAME OF DECEASED (Type or Print) Lucile M. Lake		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH 5-28-1958		5. SEX Female		
6. COLOR OF RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-26-1904
9. AGE (In years last birthday) 54 yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Lamar Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME J. B. McSilvey		
13b. MOTHER'S M maiden name Alice Buchanan		14. NAME OF HUSBAND OR WIFE Armand Lake		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Armand Lake
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		ADDRESS 3308 E. 59th St. K.C. MO.
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		INTERVAL BETWEEN ONSET AND DEATH  002 1/2
3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 12-15, 1957, to 5-28, 1958, that I last saw the deceased alive on 5-28, 1958, and that death occurred at 10:25 a.m., from the causes and on the date stated above.				
23a. SIGNATURE Edward P. Attmar M.D.		23b. ADDRESS K.C.T.B. Hospital		23c. DATE SIGNED 5-28-58
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY-31-1958	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MO.
DATE REC'D BY LOCAL REG 5-30-58		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer ADDRESS 1031 1/2 N. CORAK Kansas City, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Edward P. Attmar



**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 *Vern Lawler*.....

Licensed Embalmer No. *49*.....

P. O. Address *KC*.....

**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.**