

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025618
STATE FILE NUMBER 3239

FILED JUL 25 1958 Registration District No. 149 Primary Registration District No. 1202 Registrar's No.

5. 300
1-57

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 checked="" 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 ST. MARYS HOSPR		Length of stay in lb 6 7 YEARS	d. STREET ADDRESS (If outside, give location) HYDE PARK HOTEL

3. NAME OF DECEASED (Type or print) First Middle Last ROBERT F LAKENAN	4. DATE OF DEATH Month Day Year JUNE-28-1958
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH AUG-6-1890	9. AGE (In years less birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice Pres. Ridge Spellman	10b. KIND OF BUSINESS OR INDUSTRY INS. Co.	11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ROBERT F. LAKENAN	13b. MOTHER'S MAIDEN NAME SOPHIE RIDGE	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year & dates of service) YES W.W.I.	16. SOCIAL SECURITY NO. 488-32-6809	17. INFORMANT NANCY LAKENAN SIMPSON-SHERMAN OAKS, Cal	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of L. Lung		INTERVAL BETWEEN ONSET AND DEATH 18 mos?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	163*
	DUE TO (c)	
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 type="checkbox"/> NO <input checked="" 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.)
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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
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20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from Feb 1950, to 6-28-58 and last saw him alive on 27 June 58 Death occurred at 8:40 A. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE W.W. Gist M.D.	(Degree or title)	22b. ADDRESS 330 W 47 H.C.M.O.	22c. DATE SIGNED 30 June 58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY-1-1958	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS-KANSAS CITY, MO.	ADDRESS 1331 BRUSH CREEK	25. DATE RECD. BY LOCAL REG. 7-1-58	26. REGISTRAR'S SIGNATURE neva minshall
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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
MEDICAL CERTIFICATION

W. W. Gist



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 *James W. Lawson*

Licensed Embalmer No. *4889*

P. O. Address *7070*

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.