

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025893

State File No.

No. 300

10.48

FILED JUL 25 1958

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3275</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>39 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		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 <u>ST. LUKES HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>428 2918 TRACY AVENUE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIAN</u>			b. (Middle) <u>H.</u>		c. (Last) <u>WYMORE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-29-58</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1-10-1895</u>		9. AGE (In years last birthday) <u>63</u>	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) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HER SELF</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LEAVENWORTH CO. KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN HYDE</u>			13b. MOTHER'S MAIDEN NAME <u>MARY DEMPSEY</u>		14. NAME OF HUSBAND OR WIFE <u>IRVIN WYMORE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ALLAN H. WYMORE K.C. Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES (b) <u>Diabetes Mellitus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of hip</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 WK</u> <u>20 hrs</u> <u>2 1/2 hr</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" 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) (Min.) _____		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 <u>1951</u> , 19____, to <u>6-29-58</u> , 19____, that I last saw the deceased alive on <u>6-29-58</u> , 19____, and that death occurred at <u>9:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mark Dodge M.D.</u>				23b. ADDRESS <u>4635 Wyandotte</u>		23c. DATE SIGNED <u>6-30-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 24 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. MORIAH Cem</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>		
DATE REC'D BY LOCAL REG <u>7-2-58</u>		REGISTRAR'S SIGNATURE <u>Reva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. NEWCOMER'S SONS 1337 BUSH CREEK KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mark Dodge



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..... *4915*

P. O. Address..... *H.C.M.*

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.