

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032804

STATE FILE NUMBER

FILED OCT 8 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4480

S. 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 Independence		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Linwood Nursing Home		Length of stay in 1b 3 yrs	d. STREET ADDRESS (If outside, give location) Route #3		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DEPTT ELIZABETH LEMONT			4. DATE OF DEATH Month Day Year September 18 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 30 1910		9. AGE (In years last birthday) 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Apartment house	11. BIRTHPLACE (City and state or country) Kansas City Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Clarence E Sharp		13b. MOTHER'S MAIDEN NAME Susie Pare		14. NAME OF HUSBAND OR WIFE Ray Lemont (Dec)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 342-22-4368		17. INFORMANT Address Hubert Sharp Box 438D Rt #3 Indep. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA & PERIPHERAL CIRCULATORY COLLAPSE					INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
DUE TO (b) OVERWHELMING TOXEMIA					2 WEEKS
DUE TO (c) CARCINOMA OF ANO-RECTAL AREA					2 YRS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 154*					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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
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	
21. I attended the deceased from 9/5/56 to 9-18-58 and last saw her alive on 9/18/58 Death occurred at 330 p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. L. Harmon, D.O.			22b. ADDRESS 2105 INDEP AVE.		22c. DATE SIGNED 9-22-58
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
Anatomical		Sept 22 1958		Osteopathic College	
23d. LOCATION (City, town, or county) (State)		23e. LOCATION (City, town, or county) (State)			
Kansas City Missouri		Kansas City Missouri			
24. FUNERAL DIRECTOR ADDRESS Sheil Funeral Home Kansas City Mo			25. DATE RECD. BY LOCAL REG. 9-22-58		26. REGISTRAR'S SIGNATURE neva minshall

(Licensed Embalmer's Statement on Reverse Side)

social, color, 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

F. L. Harmon



Account

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 *[Handwritten Signature]*

Licensed Embalmer No. _____

P. O. Address *[Handwritten Address]*

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.