

t. Health,  
, & Welfare  
s. Public  
h Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039907  
STATE FILE NUMBER  
5165

FILED NOV 19 1958 Registration District No. 147 Primary Registration District No. 1002 Registrar's No.

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Prairie Village</b> 8150
c. FULL NAME OF (If in hospital, give location) HOSPITAL OR INSTITUTION <b>Lindeman Nursing Home</b>		Length of stay in lbs. <b>2yrs</b>	d. STREET ADDRESS (If outside, give location) <b>4101 Oxford Road</b>
3. NAME OF DECEASED (Type or print) <b>Laura Ruth Dexter</b>		First Middle Last	4. DATE OF DEATH Month Day Year <b>October 31, 1958</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 20, 1890</b>	9. AGE (In years last birthday) <b>68</b>	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) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Lafayette Co, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Henry Larkin</b>	13b. MOTHER'S MAIDEN NAME <b>Lydia Van Meter</b>	14. NAME OF HUSBAND OR WIFE <b>David E. Dexter</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or, unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>David E. Dexter</b>	Address <b>4101 Oxford</b>
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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) <b>Encéphalomalacia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b> <b>2 years.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Cerebral arteriosclerosis</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) <b>330A</b>		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. 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 <b>1949</b> , to <b>Oct. 31, 1958</b> and last saw her alive on <b>Oct. 29, 1958</b> Death occurred at <b>12:40 a</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>Neil Jones M.D.</b>	22b. ADDRESS <b>111 Nichols Rd</b>	22c. DATE SIGNED <b>10.31.58</b>

23a. BURIAL, CREMATION, REPOULCHRE (Specify) <b>Burial</b>	23b. DATE <b>Nov. 3, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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24. FUNERAL DIRECTOR <b>Stine &amp; McClure Und. Co.</b>	ADDRESS <b>K. C., Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>11-1-58</b>	26. REGISTRAR'S SIGNATURE <b>neva Marshall</b>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

T. Reid Jones

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1-5 P.M. 7.2.54

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 *Elma O. Zippert* .....

Licensed Embalmer No. *4817* .....  
P. O. Address *Kansas City, Mo*

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.