

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000624
STATE FILE NUMBER

FILED FEB 16 1959 Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 24

300
-57

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN North Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Gladstone 6000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hosp		Length of stay in 1b 5 Min.	d. STREET ADDRESS (If outside, give location) 2203 60th Terr.No. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle P Last LEMBKE			4. DATE OF DEATH Month 1 Day 30 Year 59
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/5/22
9. AGE (In years 38 birthday)	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Representative	11. BIRTHPLACE (City and state or country) Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A	13a. FATHER'S NAME Henry O. Lembke	13b. MOTHER'S MAIDEN NAME Kathryn Gainey	14. NAME OF HUSBAND OR WIFE Virginia T. Lembke
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no, or unknown) (If "yes," give year or dates of service) Yes WWII	16. SOCIAL SECURITY NO. 494-16-3863	17. INFORMANT Mrs Virginia T. Lembke. Gladstone, Mo. Address 2203 60th Terr, No.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MIO CARDIAL INFARCTION			INTERVAL BETWEEN ONSET AND DEATH 1 HR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY OCCLUSION			14R
DUE TO (c) ARTERIO-SCLEROSIS			1 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 6:30 a.m. 2 PM Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <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 Jan 30, 1959 to Jan 30, 1959 and last saw her alive on Jan 30, 1959 Death occurred at 6:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Daniel Boone MD (Degree or title)		22b. ADDRESS 2025 SWIFT - NKC 16, Mo	22c. DATE SIGNED 2-1-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/2/59	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar ADDRESS 20 W Linwood		25. DATE RECD. BY LOCAL REG. 2-1-59	26. REGISTRAR'S SIGNATURE Marquitta Judgen

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Wm H. Lentz*

Licensed Embalmer No. *5038*

P. O. Address *K. C. 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.