8

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005678
STATE FILE NUMBER

FILED FEB 19 1959

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 422

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Osteopathic Hosp. — Length of stay in 1b: Unknown

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Arkansas b. COUNTY:
c. CITY OR TOWN: North Fork 2030 4 — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): Unknown — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: James Middle: Thomas Last: Lackey

4. DATE OF DEATH Month: Jan Day: 19 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 6 26 94

9. AGE (In years last birthday): 64 — 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): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (City and state or country): Tulsa Oklahoma

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown Unknown

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT Address: Osteopathic Hospital, K C Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic pneumonia and — 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Respiratory depression — 2 months
DUE TO (c) Space occupying lesion of brain — unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 237K

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Oct 28 1958, to Jan 19 1959 and last saw ~~him~~ him alive on Jan 19, 1959
Death occurred at 8:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) Verner J. Ames DO

22b. ADDRESS 926 E. 11th

22c. DATE SIGNED 1-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Jan 21 1959

23c. NAME OF CEMETERY OR CREMATORY: Unknown

23d. LOCATION (City, town, or county) (State): Mountain Home Arkansas

24. FUNERAL DIRECTOR ADDRESS: Daniels Bros Funeral Home 1536 Minnesota Ave, K C Kn.

25. DATE RECD. BY LOCAL REG.: 1-23-59

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Verner J. Ames

APR 1 1959

MAR 31 1959

JAN 11 1960

MAR 10 195

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 Geo. F. Porter

Licensed Embalmer No. 3659

P. O. Address Kansas City

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.