Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005693

STATE FILE NUMBER 252

FILED FEB 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN: Kansas City — Inside Limits: Yes XX No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Mary's Hospital — Length of stay in 1b: 5 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Colorado
b. COUNTY: Adams
c. CITY OR TOWN: Brighton — Inside Limits: Yes X No
d. STREET ADDRESS (If outside, give location): 655 South 4th. St. — Reside on Farm: Yes No XX

3. NAME OF DECEASED (Type or print): First: Richard Middle: Olen Last: Lee
4. DATE OF DEATH: Month: January Day: 14 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH: June 26, 1913
9. AGE (In years last birthday): 45 — 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): Equipment Operator
10b. KIND OF BUSINESS OR INDUSTRY: U.P. Railroad
11. BIRTHPLACE (City and state or country): Stoneham, Colo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Goodwin Lee
13b. MOTHER'S MAIDEN NAME: Ellen ?
14. NAME OF HUSBAND OR WIFE: Sylvia Lee
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): No. 2 Army
16. SOCIAL SECURITY NO.: 712-09-3842
17. INFORMANT: Mrs. Sylvia Lee, Address: Brighton, Colorado

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Intestinal obstruction due adhesions (m-m-o) — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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): Peritonitis
19. WAS AUTOPSY PERFORMED? YES XX 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 1-10-59, to 1-14-59 and last saw him alive on 1-14-59
Death occurred at 4:50AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Graham Owens (Degree or title) MD
22b. ADDRESS: Kansas City, Missouri
22c. DATE SIGNED: 1/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1/14/59
23c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
23d. LOCATION (City, town, or county) (State): Brighton, Colorado

24. FUNERAL DIRECTOR: Butler Funeral Home — ADDRESS: K.C.K.
25. DATE RECD. BY LOCAL REG.: 1-15-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Graham Owens

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 .....

Licensed Embalmer No. 3426 Miss

P. O. Address Kansas City, Kan

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.