Health, Welfare Public Service

FILED FEB 27 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005699
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Register's No. 803

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☐ No ☐ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hosp. — Length of stay in Ib 1 day	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Caldwell c. CITY OR TOWN Hamilton c13 c — Inside Limits Yes ☐ No ☐ d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Mary — Middle — Last Lollis

4. DATE OF DEATH: Month Feb. Day 10, Year 1959

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 2 DIVORCED ☐

8. DATE OF BIRTH: June 23, 1869

9. AGE (In years last birthday): 89 — 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): Retired

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (City and state or country): Hamilton Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Patrick Riley

13b. MOTHER'S MAIDEN NAME: Mary Donnaue

14. NAME OF HUSBAND OR WIFE: Arthur Lollis

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

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Tinsley Tuggle, Address Hamilton, mo.

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) Fracture, Femur, Right - Intertrochanteric — INTERVAL BETWEEN ONSET AND DEATH 48 hrs

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)

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.) Fall in home c13

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 2/9/59 — Hamilton Caldwell Mo

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.) Home

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 2/9/59, to 2/10/59 and last saw her/him alive on present when she died

Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Garrett Pipkin (Degree or title) M.D.

22b. ADDRESS 409 Argyle Bldg

22c. DATE SIGNED 2/11/59

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

23b. DATE 2/10/59

23c. NAME OF CEMETERY OR CREMATORY —

23d. LOCATION (City, town, or county) Hamilton (State) Mo.

24. FUNERAL DIRECTOR Stine & McClure — ADDRESS K. C. Mo.

25. DATE RECD. BY LOCAL REG. 2-12-59

26. REGISTRAR'S SIGNATURE Neva Meinshall

(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

Garrett Pipkin

300 -57

APR 8 1959

54 27 Balt.

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 William M. Turner

Licensed Embalmer No. 4648

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.