

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009513

STATE FILE NUMBER

1254

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K.C. GENERAL HOSPITAL		d. STREET ADDRESS LaSALLE HOTEL 922 LINWOOD BLVD.	
Length of stay in lb 15 yrs.		If outside give location Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last GLENN DAVID LAWHORN			4. DATE OF DEATH Month Day Year MARCH 6 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH DECEMBER 19, 1914	9. AGE (In years birth day) 44	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer		10b. KIND OF BUSINESS OR INDUSTRY ABC COMPANY		11. BIRTHPLACE (City and state or country) Liberty, Kentucky	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME OSCAR LAWHORN		13b. MOTHER'S MAIDEN NAME ALLIE JEFFRIES	
14. NAME OF HUSBAND OR WIFE H/H/H		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-10-5926	
17. INFORMANT MRS. ALLIE LAWHORN		1844 EAST 9TH STREET KANSAS CITY, MISSOURI			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock & hemorrhage for I femur fr sternum Ruptured liver 978X		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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>			

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18) fell or jumped from 5 story window 12.3			
20c. TIME OF INJURY Hour Month, Day, Year a.m. 3-6-59 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Halt	
21. I attended the deceased from Death occurred at 1:30 P.M.		20f. CITY, TOWN, OR LOCATION Kansas City		COUNTY STATE Jackson MO	

22a. SIGNATURE Heeph Owens Coroner		22b. ADDRESS 1034 Rio Vista Blvd		22c. DATE SIGNED 3-7-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAR 9, 1959		23c. NAME OF CEMETERY OR CREMATORY Providence Bapt. Ch. Cem.	
23d. LOCATION (City, town, or county) Clay County		23e. (State) Mo.		24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO.	
25. DATE RECD. BY LOCAL REG. 3-9-59		26. REGISTRAR'S SIGNATURE Neva Marshall			

(Licensed Embalmer's Statement on Reverse Side)

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.
Hugh H. 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 *Glenn A. Hill*

Licensed Embalmer No. *4586*

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.