

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025187

FILED JUL 17 1959 149

Primary Registration District No. 1002 Registrar's No.

3236

STATE FILE NUMBER

DED

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		Length of stay in 1b 16 YRS.		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST LUKES HOSP.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3527 FOREST AVE.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LEN HILL				4. DATE OF DEATH Month Day Year JULY 1, 1959				
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 9 13 76	9. AGE (last birthday) 82 YRS.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) LATHAM, MO.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME JAMES W. HILL			13b. MOTHER'S MAIDEN NAME FANNIE HARRIMAN		14. NAME OF HUSBAND OR WIFE GRACE HILL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 489 30 3037		17. INFORMANT Address GRACE HILL 3527 FOREST AVE.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 90 minutes 10 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 s.m. p.m. 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 Kansas City		COUNTY Jackson	STATE MO.	
21. I attended the deceased from <u>1/31/58</u> to <u>7/1/59</u> and last saw her/him alive on <u>7/1/59</u> Death occurred at <u>12:45 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Richard L. Lehner (Deaf or title) Lehner				22b. ADDRESS 1103 Grand Kansas City, Mo.			22c. DATE SIGNED 7/1/59	
23a. BURIAL, CREMATION, ENTOMBMENT		23b. DATE JULY 3, 1959	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL MAUSOLEUM		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.			
24. FUNERAL DIRECTOR D W Newcomer's Son, MO				ADDRESS 14 C	25. DATE RECD. BY LOCAL REG. 7-2-59	26. REGISTRAR'S SIGNATURE Irene Marshall		

DOCUMENT

RICHARD L. LEHNER
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Basil V. Honey

Licensed Embalmer No. 4724

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.