

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040185

FILED VS DEC 10 1959 149

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5221

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON	b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY	a. STATE MISSOURI	b. COUNTY JACKSON
Length of stay in hospital or town 17 yrs 3 MONTHS		c. CITY OR TOWN 8611 BELLEVUE	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 2641 FOREST K. C. MO.		d. STREET ADDRESS KANSAS CITY	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Ephraim	Middle A.	Last Lawless	Month OCT	Day 30	Year 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4 27 69	9. AGE (last birthday) 90 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SCHOOL TEACHER		10b. KIND OF BUSINESS OR INDUSTRY KENTUCKY	11. BIRTHPLACE (City and state or country) KENTUCKY	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME REURIN LAWLESS		13b. MOTHER'S MAIDEN NAME NANCY HANKS		14. NAME OF HUSBAND OR WIFE MYRTA LAWLESS	
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. NONE	17. INFORMANT MRS. CULBRETH 8611 BELLEVUE		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Arteriosclerotic Heart Disease 5 yrs +	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Coronary Arteriosclerotic 5 yrs +	
DUE TO (b)	Arteriosclerosis, general. 6 yrs	
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Peptic ulcer.		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 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 a.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 COUNTY STATE	
21. I attended the deceased from June 1950 to 10-30-59 and last saw her alive on 10-29-59 Death occurred at Kansas City, Mo 4:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Arnold V. Arms M.D.		22b. ADDRESS 4635 W. Grand Ave. K. City, Mo	22c. DATE SIGNED 10-30-59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE OCT 30, 1959	23c. NAME OF CEMETERY OR CREMATORY BAYARD CEM	23d. LOCATION (City, town, or county) (State) DEER CREEK OLKA
24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS K. C. MO.		25. DATE RECD. BY LOCAL REG. 10-30-59	26. REGISTRAR'S SIGNATURE Irlva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Arnold V. Arms

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 Vern Lawler

Licensed Embalmer No. 4915
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.