

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001757

FILED VS JAN 19 1960

Registration District No. 141 Primary Registration District No. 1002 Registrar's No. 34 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>unknown</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>		d. STREET ADDRESS (If outside, give location) <u>3015 Peery</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>Lila</u>	Middle <u>M.</u>	Last <u>Mitchell</u>	Month <u>January</u>	Day <u>3rd</u>	Year <u>1960</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-7-88</u>	9. AGE (last birthday) <u>71</u>	
		IF UNDER 1 YEAR		IF UNDER 24 HR	
		Months		Days	
		Hours		Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self Emp.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Clinton Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Wm. Scollon</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lebes</u>		14. NAME OF HUSBAND OR WIFE <u>Joyce Mitchell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>296-89-1411</u>		17. INFORMANT <u>Fred G. Mitchell</u> Address <u>Marion</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (b), (c), and (d). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Hepatic failure</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.]			
DUE TO (b) <u>CA of Stomach with</u>			
DUE TO (c) <u>metastasis</u>			
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 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 <u></u> a.m. <u></u> p.m. <u></u>		Month, Day, Year <u></u>					

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 <u>1957</u> to <u>Jan 3, 1960</u> and last saw her <u>live on</u> <u>Jan 2, 1960</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.									

22a. SIGNATURE (Degree or title) <u>M L Friedman M.D.</u>			22b. ADDRESS <u>701 E. 63 KC Mo</u>			22c. DATE SIGNED <u>1-4-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>1/4/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cashway Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Kelleyville Mo.</u>		
24. FUNERAL DIRECTOR <u>Sheil Funeral Home</u>			25. DATE RECD. BY LOCAL REG. <u>1-4-60</u>			26. REGISTRAR'S SIGNATURE <u>Neve Winshall</u>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF M. L. Friedman

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 James G. Seal

Licensed Embalmer No. 4934
P. O. Address 70 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.