

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015464

FILED VS. MAY 16 1960 149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 2337 STATE FILE NUMBER

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 lb 70 Years	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 230 East 56th Street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 230 East 56th Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last M A R G A R E T A N N A L A W Y E R			4. DATE OF DEATH Month Day Year April 25, 1960		
5. SEX Female	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 6-21-1865	9. AGE (last birthday) 94	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) New York (State)		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Dallas		13b. MOTHER'S MAIDEN NAME Triphenia Seeley		14. NAME OF HUSBAND OR WIFE William Elza Lawyer	
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 Address Mrs. E.T. Guenther, 230 E. 56th St., K.C., Mo.	

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 16 days 10 years
IMMEDIATE CAUSE (a) Cerebral Thrombosis			
DUE TO (b) Cerebral arteriosclerosis			
DUE TO (c) _____			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 Month, Day, Year a.m. p.m.			
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 1 November 1947 to 25 April 1960 and last saw her alive on 24 April 1960
Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Print or Write) Blaine Z. Hibbard MD	22b. ADDRESS 411 Nichols Rd KCMo	22c. DATE SIGNED 25 April 1960
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-27-60	23c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri.
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24. FUNERAL DIRECTOR FREEMAN MORTUARY, Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 4-26-60	26. REGISTRAR'S SIGNATURE Newa Minshall
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DOCUMENT

BY AFFIDAVIT OF Blaine Z. Hibbard MEDICAL CERTIFICATION

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 J. Lauren Freeman Jr., Student Embalmer No. 582
working under my personal supervision.

Student J. Lauren Freeman Jr.
Signature of Student Embalmer

Signed Walter H. Curwi

Licensed Embalmer No. 4352

P. O. Address K. C. m

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