

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001478

FILED VS JAN 24 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 73 STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY JACKSON			a. STATE MO. b. COUNTY CLAY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 1 DAY	c. CITY OR TOWN Avondale		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2606 Koch		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last TAMMY JEAN LAKEY			4. DATE OF DEATH Month Day Year JAN 4 1961		
5. SEX FEMALE	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov 10 1958	9. AGE (last birthday) 2	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) North Kansas City MO		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Delbert LAKEY		13b. MOTHER'S MAIDEN NAME Wilma Dale		14. NAME OF HUSBAND OR WIFE -	
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 Delbert LAKEY Avondale, 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
IMMEDIATE CAUSE (a) BRONCHIECTASIS, ACUTE					3 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause (last). DUE TO (b) F. BROCHTIC DISEASE					1 MO.
DUE TO (c)					
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 checked="" 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 1-3-61 to 1-4-61 and last saw her alive on 1-4-61. Death occurred at 8:35 Am. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Neucomer & Sons M.D.</i>			22b. ADDRESS 329 Osmond Pl. No K.C.M.		22c. DATE SIGNED 1-5-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-6-1961	23c. NAME OF CEMETERY OR CREMATORY White Chapel Cem		23d. LOCATION (City, town, or county) CLAY Co. MO (State)
24. FUNERAL DIRECTOR O.W. Neucomer's Sons N.K.C.		ADDRESS 1-6-61		25. DATE RECD. BY LOCAL REG. 1-6-61	
26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>					

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 *John V. Hunicke, Jr.*
Licensed Embalmer No. 4848

P. O. Address PO Box 17200

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.