

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

32-8261-025346

3282

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

AMENDED

FILED JUL 26 1961

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) Jackson City

Length of stay in 1b 15 yrs.

c. FULL NAME OF HOSPITAL OR INSTITUTION General Hosp

Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Jackson

c. CITY OR TOWN Jackson City

Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 930 Cherry

Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)

First Lyola Middle M. Last Mallory

4. DATE OF DEATH

Month 6 Day 30 Year 61

5. SEX Female

6. COLOR OR RACE Cauc.

7. Married Never Married Widowed unk. Divorced

8. DATE OF BIRTH 12-1-21

9. AGE (last birthday) 39

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) WAITRESS

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) DEEPWATER, MO.

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME

CHARLES LEROY LEABO

13b. MOTHER'S MAIDEN NAME

RACHEL BRANSTETTER

14. NAME OF HUSBAND OR WIFE

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

17. INFORMANT

Address

D. W. Newcomer's Sons Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

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.

Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 4:05 A.M. Month, Day, Year 5/25/61

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 5/25/61 to 6/30/61 and last saw her alive on 6-30-61. Death occurred at 4:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Ellis

(Degree or title)

22b. ADDRESS 2400 Cherry - City

22c. DATE SIGNED 6/30/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE JUNE 30, '61

23c. NAME OF CEMETERY OR CREMATORIUM 1331 BRUSH CR.

23d. LOCATION (City, town, or county) CLINTON MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG. 7-1-61

26. REGISTRAR'S SIGNATURE Ruth Long

D. W. NEWCOMER'S SONS KANSAS CITY, MO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

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 me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep, M

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.