

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001844

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 581

STATE FILE NUMBER

AMENDED

FILED FEB 13 1967

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF

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 KANSAS		b. COUNTY Bourbon		
c. FULL NAME OF (If NOT in hospital, give location) VA Hospital, K.C., Mo.		Length of stay in 1b 53 Days		c. CITY OR TOWN GARLAND		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. STREET ADDRESS VA Hospital, K.C., Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First ROY		Middle WESLEY		Last LORD		Month Day Year JANUARY 31, 1962		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-26-11	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ARCADIA, KANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CLYDE Lord			13b. MOTHER'S MAIDEN NAME STELLA ANN DAVIDSON			14. NAME OF HUSBAND OR WIFE N/A		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II			16. SOCIAL SECURITY NO.		17. INFORMANT Official Records VA Hospital, K.C., Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH				
IMMEDIATE CAUSE (a) Hemorrhage								
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Carcinoma rectum with metastasis to liver, adrenal kidney and prostate						
		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 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. VA attended the deceased from Dec 9, 1961 to Jan 31, 1962 <i>and last day of life</i> Death occurred at 1-31-62 on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE OF STEPHEN PARKS (Date of file) <i>Stephen Parks M.D.</i>				22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 1-31-62		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-31-62		23c. NAME OF CEMETERY OR CREMATORY Ft. Scott, Kansas		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.				25. DATE RECD. BY LOCAL REG. 1-31-62		26. REGISTRAR'S SIGNATURE <i>Ruth H. Long</i>		

FEB 15 1962

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 Belton W Meeker

Licensed Embalmer No. 5078

P. O. Address KC, 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.