MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-030378
STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 139

FILED AUG 27 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: North Kansas City — Length of stay in 1b: 3 weeks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): North Kansas City Memorial — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Wyandotte
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 64 South 23rd — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Clara Middle: A. Last: Lemon
4. DATE OF DEATH: Month: August Day: 18 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 10/3/1864
9. AGE (last birthday): 97 — 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): Salesladdy
10b. KIND OF BUSINESS OR INDUSTRY: Drapery Shop
11. BIRTHPLACE (City and state or country): Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Elisha Henry
13b. MOTHER'S MAIDEN NAME: Sarah Craig
14. NAME OF HUSBAND OR WIFE: Widow of John N Lemon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no — none
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Sarah Howard — Address: 64 So 23rd K.C. Kansas

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 Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bil. Bronchial Pneumonia — 3 days
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility & debilitation
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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 a.m. p.m. Month, Day, Year
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 Jan 61, to 8-18-62 and last saw her/him alive on 8-18-62
Death occurred at 11 30 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Donald Boone MD
22b. ADDRESS: 2025 Swift - NKC Mo
22c. DATE SIGNED: 8-18-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/20/1962
23c. NAME OF CEMETERY OR CREMATORY: Chapel Hill Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City Kansas
24. FUNERAL DIRECTOR: R. A. Fulton — ADDRESS: K.C. Kansas
25. DATE RECD. BY LOCAL REG.: 8-20-62
26. REGISTRAR'S SIGNATURE: Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 2149

P. O. Address N. C. Ms.

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.