MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034929
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4651

FILED SEP 28 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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2 7905
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4 1
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay: 1a 1 wk. 1b 12 mos
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Menorah Medical Center
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Independence
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 816 South Hawthorne
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lula Middle: K Last: Orear

4. DATE OF DEATH: Month 9 Day 10 Year 62

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 2-11-1888

9. AGE (last birthday): 74

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): housewife

10b. KIND OF BUSINESS OR INDUSTRY: ?

11. BIRTHPLACE (City and state or country): SLATER - Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Robert Kirby

13b. MOTHER'S MAIDEN NAME: Virginia Stipes

14. NAME OF HUSBAND OR WIFE: Edgar Orear

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

16. SOCIAL SECURITY NO.:

17. INFORMANT: Wm. L. Sherman Address: 3907 Smart St.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): local peritonitis — 7 days
DUE TO (c): ruptured diverticulum of colon — 7 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): atelectasis, left lower lobe
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 July 7, 1962 to Sept. 10, 1962 and last saw her alive on Sept. 10, 1962
Death occurred at 1:15 PM, Sept 10, 1962 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Leo H. Bollock M.D.

22b. ADDRESS: 751 East 63rd St. K.C. Mo.

22c. DATE SIGNED: Sept 11, '62

Leo H. Pollock

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 9-11-62

23c. NAME OF CEMETERY OR CREMATORY: RIDGE PARK CEM. MARSHALL Mo.

23d. LOCATION (City, town, or county) (State): MARSHALL Mo.

24. FUNERAL DIRECTOR: MELLODY McGILLEY EVLAR. ADDRESS: 1800 E Linwood

25. DATE RECD. BY LOCAL REG.: 9-11-62

26. REGISTRAR'S SIGNATURE: Ruth Long

(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_____
Signature of Student Embalmer

Signed James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address K C 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.