

FILED MAY 13 1950

STANDARD CERTIFICATE OF DEATH

State File No. **13389**

BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **4239** Registrar's No. **83**

0481

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Lees Summit	c. LENGTH OF STAY (in this place) 6 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Lees Summit	0481
d. FULL NAME OF HOSPITAL OR INSTITUTION 601 Miller St.		d. STREET ADDRESS (If rural, give location) 601 Miller St.	

3. NAME OF DECEASED a. (First) Laura (Type or Print)		b. (Middle) Price		c. (Last) Comer		4. DATE OF DEATH (Month) (Day) (Year) 4 - 30 - 50	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-29-1865		9. AGE (In years) last birthday 85	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Leon Iowa		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME C.H. Helvy		13b. MOTHER'S MAIDEN NAME Louise Skaggs		14. NAME OF HUSBAND OR WIFE J.A. Comer	
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'S SIGNATURE OR NAME J.A. Comer	
				ADDRESS Lees Summit Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4222	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22: I hereby certify that I attended the deceased from **5-11-1948**, to **4-30-1950**, that I last saw the deceased alive on **4-30-1950**, and that death occurred at **1:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clint Miller M.D.		23b. ADDRESS Lees Summit Mo		23c. DATE SIGNED 5-1-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 5/2/50		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cem.	
		24d. LOCATION (City, town, or county) (State) Windsor Mo			

DATE RECD BY LOCAL REG. 5/1/50		REGISTRAR'S SIGNATURE Donald C. Emshary		25. FUNERAL DIRECTOR'S SIGNATURE W.B. Langford		ADDRESS Lees Summit Mo	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 11 RECD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

W.B. Langford

Signed.....

Student Embalmer

Licensed Embalmer No. *3233*

P. O. Address *Leis Summit*

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 this body is not embalmed, fact should be so stated above.