

FILED DEC 10 1954 STANDARD CERTIFICATE OF DEATH

State File No. 37689

BIRTH NO. 8879554 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 461

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MO b. COUNTY Jackson					
b. CITY OR TOWN Independence		c. LENGTH OF STAY (In this place) 30hr		c. CITY OR TOWN Grain Valley		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence San & Hosp				STREET ADDRESS (If rural, give location) City 7000					
3. NAME OF DECEASED (Type or Print) a. (First) Lesta			b. (Middle) Geanell		c. (Last) Feagans		4. DATE OF DEATH (Month) (Day) (Year) Nov 23 1954		
5. SEX M		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Sing		8. DATE OF BIRTH Nov 21, 1954		9. AGE (In years last birthday) 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)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Independence MO		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Carl Feagans			13b. MOTHER'S MAIDEN NAME Winona Washburn			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl Feagans Grain Valley 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial deficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) glycogen storage disease DUE TO (c) Pulmonary atelectasis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 36 hrs 36 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		71020			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Nov 21, 1954 to Nov 23, 1954, that I last saw the deceased alive on Nov 22, 1954, and that death occurred at 6 A. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. W. Williams MD				23b. ADDRESS Oak Grove MO			23c. DATE SIGNED 11-25-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 25 1954		24c. NAME OF CEMETERY OR CREMATORY Grain Valley		24d. LOCATION (City, town, or county) (State) Grain Valley MO			
DATE REC'D BY LOCAL REG. 11-25-54		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home Blue Springs Mo		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *R. B. Smith*

Licensed Embalmer No. *233*

P. O. Address *Blue Springs*

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.