

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1350

State File No.

189

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MENORAH HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>2200 2034 OAKLEY</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIAN</u> b. (Middle) <u>LEONA</u> c. (Last) <u>WRIGHT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 12 1955</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>AUG 26 1865</u>		9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>16</u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PADUCAH KENTUCKY</u>	
13a. FATHER'S NAME <u>JOHN C. SHAMEL</u>		13b. MOTHER'S MAIDEN NAME <u>VERLINDA NELSEN</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM A. WRIGHT</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM T. WRIGHT</u> ADDRESS <u>LEXINGTON MO</u>	

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) <u>Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart disease</u>		<u>SEV. YRS.</u>	
		DUE TO (c) <u>—</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>		<u>4200</u>	

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) 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 sev. yrs., to 1-12, 1955, that I last saw the deceased alive on 1-12, 1955, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter P. Jacob</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>701 E 63 ST</u>		23c. DATE SIGNED <u>1-13-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>1/13/55</u>		24c. NAME OF CEMETERY OR CREMATORY	
DATE REC'D BY LOCAL REG. <u>1-14-55</u>		REGISTRAR'S SIGNATURE <u>Walter P. Jacob</u>		24d. LOCATION (City, town, or county) (State) <u>LEBANON MO</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Jacob</u>			ADDRESS <u>Walter P. Jacob</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Walter P. Jacob

No. 300
10.48

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 *Dixon S. Kestley (R.C.)*

Licensed Embalmer No. *4225*

P. O. Address *Indian M*

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.