

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8075

State File No.

349

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 institution). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY OR TOWN <u>Kansas City, Mo.</u>	c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY OR TOWN <u>Polo</u>	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 <u>Research Hosp.</u>		STREET ADDRESS (If rural, give location) <u>9130</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lyle</u> b. (Middle) <u>D</u> c. (Last) <u>Arey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 1 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>June 30 1963</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u>7</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>project engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Survey Dept</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Caldwell County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>George C Arey</u>	13b. MOTHER'S MARRIEN NAME <u>Stella J Mc Fall</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>500-14-6056</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lyle Alsopugh - Polo, Mo.</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain abscess - tuberculous</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 wks</u> <u>10 years</u> <u>002X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tbc. of lungs</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>Feb 26-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>lt. frontal abscess</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Feb 25, 1955, to Mar 1, 1955, that I last saw the deceased alive on Mar 1, 1955, and that death occurred at 6:30 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Revis C. Lewis</u> (Degree or title) <u>mid</u>	23b. ADDRESS <u>411 Nichols Rd</u>	23c. DATE SIGNED <u>Mar 2-55</u>
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>3-3-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kingston Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kingston Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3.3.55</u>	REGISTRAR'S SIGNATURE <u>neva minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alsopugh-Cowley</u>	ADDRESS <u>Polo Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

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 *John R. Sidman*.....
Licensed Embalmer No. *45*.....
P. O. Address *Kansas*.....

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.