

FILED MAR 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5277

State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5372 Registrar's No. 36

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 (If inside corporate limits, write RURAL and give township) <u>Rural - Prairie</u> c. LENGTH OF STAY (in this place) <u>6 weeks</u>		c. CITY OR TOWN <u>Lees Summit</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Cliff Rest Home</u>		STREET ADDRESS (If rural, give location) <u>Nook Road Route # 2 7000</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIE</u> b. (Middle) <u>BELLE</u> c. (Last) <u>AMES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-6-56</u>		
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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>Feb 23, 1874</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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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>At Home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Saybrook Illinois</u>			12. COUNTRY OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Albert J. Ames deceased</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Geo. G. Ames</u> ADDRESS <u>Route 2 Lees Summit Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES <u>Serulid</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Jan, 1956, to Mr. 6, 1956, that I last saw the deceased alive on Mr. 6, 1956, and that death occurred at 4:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Phil Saper M.D.</u>			23b. ADDRESS <u>Lees Summit, Mo.</u>			23c. DATE SIGNED <u>3-7-56</u>		
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-8-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>			
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DATE REC'D BY LOCAL REG. <u>3-7-56</u>		REGISTRAR'S SIGNATURE <u>D. B. Langford</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>E. K. GEORGE & SONS, INC.</u> ADDRESS <u>GRANDVIEW MISSOURI</u>		
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WRITE PLAINLY—USING UNFADING 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 *Stirling E. Goodard*.....
Licensed Embalmer No. *4911*

P. O. Address *Grandview*.....

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.