

Health,
& Welfare
Public
Service

FILED OCT 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31859
STATE FILE NUMBER
4261
Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen Hosp. # 1		Length of stay in lb ---	8. STREET ADDRESS (If outside, give location) 526 Benton Blvd. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Lena Middle Lucille Last Fry			4. DATE OF DEATH Month 9 Day 12 Year 57		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 4, 1918	9. AGE (In years last birthday) 38x 39	10. FUNDERS YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) seamstress	10b. KIND OF BUSINESS OR INDUSTRY Garment	11. BIRTHPLACE (City and state or country) Clinton, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Thomas Mason	13b. MOTHER'S MAIDEN NAME Kathryn Smith	14. NAME OF HUSBAND OR WIFE ---
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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. 488-22-3768	17. INFORMANT Sickman & Dunning Address Clinton, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes Acidosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Diabetes Mellitus DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 260x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from **9-12-57 11:45 AM** to **9-12-57** and last saw her alive on **9-12-57**
Death occurred at **4:10 P. M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature]	22b. ADDRESS Gen Hospital # 1	22c. DATE SIGNED 9-12-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-15-57	23c. NAME OF CEMETERY OR CREMATORY Englewood Cem.	23d. LOCATION (City, town, or county) (State) Clinton, Mo.
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24. FUNERAL DIRECTOR [Signature] ADDRESS	25. DATE RECD. BY LOCAL REG. 9-13-57	26. REGISTRAR'S SIGNATURE neva minshall
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
B. I. Burns

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 *Robert J. Dunning*

Licensed Embalmer No. *4710*

P.O. Address *Clinton 7*

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.