

Dept. Health,  
Welfare,  
& Public  
Health Service

V. S. 300  
Rev. 1-57

securing the medical certification in the specific manner required by 193.140 MORIS 1939.  
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.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40297  
STATE FILE NUMBER  
Registrars No. 5397

FILED DEC 5 - 1957

Registration District No. 149 Primary Registration District No. 1007

|   |                               |   |  |  |   |  |   |  |
|---|-------------------------------|---|--|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |   |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Kansas City</u>   |                               | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <u>Raytown, Mo.</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br><u>Kelly Nursing Home</u>  |                               |   | Length of stay in hospital or institution<br><u>3 weeks</u>                                  |  | d. STREET ADDRESS (If outside, give location)<br><u>6625 Hardy</u>    |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                        |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>LIZZIE</u> Middle <u>PARALEE</u> Last <u>DOUGLAS</u>  |                               |   |  | 4. DATE OF DEATH<br>Month <u>Nov</u> - Day <u>14</u> - Year <u>1957</u>  |   |  |   |  |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>12-14-1883</u>  |   | 9. AGE (In years last birthday)<br><u>73</u>   | IF UNDER 1 YEAR<br>Months <u>-</u> Days <u>-</u>  | IF UNDER 24 HRS.<br>Hours <u>-</u> Min. <u>-</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |                               |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>at home</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>Clay County, Mo.</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |
| 13a. FATHER'S NAME<br><u>Wm. Sharp</u>  |                               | 13b. MOTHER'S MAIDEN NAME<br><u>Sarah Jessie</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>John Douglas</u>   |   |  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                               |   | 16. SOCIAL SECURITY NO.<br><u>-</u>  | 17. INFORMANT<br><u>Ms. Sylvia Cagley - Raytown Mo</u><br>Address  |   |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u>  |                               |   |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>5-7 days</u>   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                               |   | DUE TO (b)   |  | DUE TO (c)  |  |   | 491 X  |
| 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?<br>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.) |  |   |  |   |  |
| 20c. TIME OF INJURY<br>Hour _____ 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   |  |
| 21. I attended the deceased from <u>Oct. 15, 57</u> to <u>Nov. 10, 57</u> and last saw her alive on <u>11-10-57</u><br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |                               |   |  |  |   |  |   |  |
| 22a. SIGNATURE<br><u>L. E. Rillier M.D.</u> (Degree or title)   |                               |   |  | 22b. ADDRESS<br><u>K. C. Mo</u>  |   | 22c. DATE SIGNED<br><u>11-15-57</u>  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   |                               | 23b. DATE<br><u>12-16-1957</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Maple Hill Cem.</u>                                 |  | 23d. LOCATION (City, town, or county)<br><u>Kansas City, Kansas</u>   |  | (State)   |  |
| 24. FUNERAL DIRECTOR<br><u>C. D. Blackburn &amp; Son Inc.</u><br><u>K. C. Mo.</u>   |                               |   | ADDRESS  | 25. DATE RECD. BY LOCAL REG.<br><u>11-15-57</u>  | 26. REGISTRAR'S SIGNATURE<br><u>W. Marshall</u>                       |  |   |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
L. E. RILLIER

Dr. Ritter  
2 PM



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 Bert B. Bennett

Licensed Embalmer No. 4656  
P. O. Address 17. E. Mo.

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.