

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028557
STATE FILE NUMBER

FILED SEP 3 1958 Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN North Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Avondale
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION North Kansas City Memorial		Length of stay in 1b 2 days	d. STREET ADDRESS (If outside, give location) Box 144
3. NAME OF DECEASED (Type or print) First Middle Last Laura Lee Elam			4. DATE OF DEATH Month Day Year Aug. 14-1958
5. SEX Female	6. COLOR OR RACE Cauc.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-18-1886
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during rest of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Platte Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Robert W. Hughes	13b. MOTHER'S MAIDEN NAME Sarah C, Conway
14. NAME OF HUSBAND OR WIFE Andrew P. Elam		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. none
17. INFORMANT Andrew P. Elam, Avondale, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro. vascular accident DUE TO (b) thrombosis cerebral artery DUE TO (c) generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus, arteriosclerotic heart disease	
INTERVAL BETWEEN ONSET AND DEATH 48 hours		INTERVAL BETWEEN ONSET AND DEATH 48 hours	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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	
21. I attended the deceased from May 1955 to August 14, 1958 and last saw her alive on August 13, 1958 Death occurred at 7:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) B. Coona Bates, M.D.	
22b. ADDRESS 329 Osborn Road North Kansas City 16, Mo		22c. DATE SIGNED 8/14/58	
23a. BURIAL, CREMATION, OR OTHER FINAL (Specify)	23b. DATE 8-16-58	23c. NAME OF CEMETERY OR CREMATORY Fairview Cem.	23d. LOCATION (City, town, or county) (State) Liberty, Mo.
24. FUNERAL DIRECTOR D. W. Newcomer's N. K. C. Mo		25. DATE RECD. BY LOCAL REG. 8-16-58	26. REGISTRAR'S SIGNATURE Marjorie A. Hudgens

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *Glen A. Rice*

Licensed Embalmer No. *4580*

P. O. Address *K. C. Mo., 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.