

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013390

Registration District No. 149 Primary Registration District No. 1009 STATE FILE NUMBER Registrar's No. 1654

300  
-57

1. PLACE OF DEATH  
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission)  
a. STATE **Mo.** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits  
OR **Kansas City** Yes  No

c. CITY OR TOWN **Kansas City, Mo.** 70-0 0 Inside Limits  
Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **66th & Troost** Length of stay in lb **27 yrs. 4 mos.**

d. STREET ADDRESS (If outside, give location) **7800 E. 108th Terr.** Reside on Farm  
Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **RALPH EDGAR LAKE**

4. DATE OF DEATH Month Day Year **March 31, 1959**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED  NEVER MARRIED   
WIDOWED  DIVORCED

8. DATE OF BIRTH **Dec. 7, 1898** 9. AGE (In years last birthday) **60** IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Business Agent**

10b. KIND OF BUSINESS OR INDUSTRY **Labor Union**

11. BIRTHPLACE (City and state or country) **Garrison, Ks.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME **James E. Lake** 13b. MOTHER'S MAIDEN NAME **Viola Drollinger** 14. NAME OF HUSBAND OR WIFE **Lucille H. Lake**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **Yes WWI**

16. SOCIAL SECURITY NO. **487-03-2012** 17. INFORMATION Address **Mrs. Lucille H. Lake 7800 E. 108th Terr.**

18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **Myocardial Infarction**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arteriosclerotic Heart Disease**  
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **4200** 19. WAS AUTOPSY PERFORMED? **1 YES  NO**

20a. ACCIDENT  SUICIDE  HOMICIDE  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 WORK  NOT WHILE AT WORK  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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **11:50 am** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Hugh H. Owens** 3 22b. ADDRESS **1034 Rialto Bldg. - K.C., Mo.** 22c. DATE SIGNED **4-1-59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **4-2-59** 23c. NAME OF CEMETERY OR CREMATORY **-** 23d. LOCATION (City, town, or county) (State) **Edgerton, Kansas**

24. FUNERAL DIRECTOR **1800 Linwood** 25. DATE RECD. BY LOCAL REG. **4-1-59** 26. REGISTRAR'S SIGNATURE **Irene Marshall**

**Mellody-McGilley-Eylar Funeral Home**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

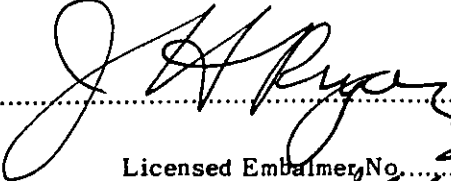
Hugh H. Owens

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 .....

  
Licensed Embalmer, No. ....  
P. O. Address.....

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.