

FILED JAN 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 1481

490

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5368 Registrar's No. 17

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, write RURAL and give township) OR TOWN RURAL (Blue)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (Blue) 0460	
c. LENGTH OF STAY (in this place) 3 MONTHS		d. STREET ADDRESS (If rural, give location) BOX 911 - R.R.#2 INDEPENDENCE	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION BOX 911 - R.R.#2 INDEPENDENCE			

3. NAME OF DECEASED (Type or Print) a. (First) WALTER	b. (Middle) S	c. (Last) McRELVEY	4. DATE OF DEATH (Month) (Day) (Year) JAN. 18. 1950
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 21. 1888	9. AGE (In years last birthday) 61 YEARS	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GOVERNMENT OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY GROCERY & FILING STATION	11. BIRTHPLACE (State or foreign country) LEBANON, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME EDWARD A. McRELVEY	13b. MOTHER'S MAIDEN NAME MARY SPATLEY	14. NAME OF HUSBAND OR WIFE MRS. HAZEL McRELVEY
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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.	17. INFORMANT'S SIGNATURE OR NAME MRS. HAZEL McRELVEY	ADDRESS BOX 911 - R.R.#2 INDEPENDENCE, MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  4501
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Passive Congestive Failure			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural	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) m.	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Walter A. Queen</i>	23b. ADDRESS 1834 1/2 E. 11th Blvd	23c. DATE SIGNED 1-19-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 21. 1950	24c. NAME OF CEMETERY OR CREMATORY HIGH PRAIRIE CEMETERY	24d. LOCATION (City, town, or county) (State) LEAVENWORTH, KANSAS
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DATE REC'D BY LOCAL REG. Jan 19. 1950	REGISTRAR'S SIGNATURE <i>J. H. Newcomer</i>	25. FUNERAL DIRECTOR'S SIGNATURE J. H. Newcomer	ADDRESS 1331 - BRUSH CREEK KANSAS CITY, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2nd 0027

JAN 27 REC'D

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 .....  
Student Embalmer

Signed

*Hayle L. Daniel*

Licensed Embalmer No. *4702*

P. O. Address *W. O. M.*

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 this body is not embalmed, fact should be so stated above.