

FILED NOV 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4706

BIRTH NO. 76725-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 28

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>5105 Troost Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Joseph</u> c. (Last) <u>McLeese, Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2 1951</u>		
5. SEX <u>Male</u> COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Oct. 31, 1951</u>	
9. AGE (In years last birthday) <u>3</u> # UNDER 1 YEAR Months <u>3</u> # UNDER 24 HRS. Days <u>3</u> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>John Joseph McLeese Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ryan</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John J. McLeese, Sr.</u> ADDRESS <u>5105 Troost K.C. Mo.</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis, interpartum pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>31 hrs.</u>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>aspiration</u> DUE TO (c) <u>cause unknown</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Underweight, malnourished (5")</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 10-31, 1951, to 11-2, 1951, that I last saw the deceased alive on 11-2, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. B. Sinclair, Jr. M.D.</u> (Degree or title)		23b. ADDRESS <u>4711 Central St. (2)</u>		23c. DATE SIGNED <u>11-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-3-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City - Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody McElley-Elyar</u>		ADDRESS <u>K.C., Mo.</u>	
DATE REC'D BY LOCAL REG <u>11-5-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>			

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 _____

Licensed Embalmer No. *2999*

P. O. Address _____ *ICC*

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.