

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8463

State File No. ....

1161

BIRTH NO. 14673 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p> b. COUNTY <p style="text-align: center;">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		c. LENGTH OF STAY (in this place) <p style="text-align: center;">3 hrs.</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Wheatley Provident</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>	
3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Johnnie Lee</p>		b. (Middle) <p style="text-align: center;">McCree</p>	
c. (Last) <p style="text-align: center;">McCree</p>		4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">Feb. 19, 1952</p>	
5. SEX <p style="text-align: center;">Male</p>	6. COLOR OR RACE <p style="text-align: center;">Negro</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Single</p>	8. DATE OF BIRTH <p style="text-align: center;">Feb. 18, 1952</p>
9. AGE (In years last birthday) <p style="text-align: center;">3</p>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">None</p>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Kansas City, Missouri</p>	
12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>		13a. FATHER'S NAME <p style="text-align: center;">Roosevelt McCree</p>	
13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Ernestine</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">none</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">No</p>	
17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Roosevelt McCree</p>		ADDRESS <p style="text-align: center;">1115 1/2 Campbell</p>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <p style="text-align: center;">Undetermined</p>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES <p style="text-align: center;">Prematurity</p> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH  <p style="text-align: center;">776X</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		152	
22. I hereby certify that I attended the deceased from <u>February 18, 1952</u> I last saw the deceased alive on <u>Feb. 19, 1952</u> , and that death occurred at <u>February 19, 1952</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <p style="text-align: center;">V. L. Dixon</p>		23b. ADDRESS <p style="text-align: center;">2204 1/2 E. 18th</p>	
23c. DEGREE OR TITLE <p style="text-align: center;">M.D. MD</p>		23d. DATE SIGNED <p style="text-align: center;">2-25-52</p>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Local Burial</p>		24b. DATE <p style="text-align: center;">2-21-52</p>	
24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Leeds</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Kansas City, Mo.</p>	
DATE REC'D BY LOCAL REG. <p style="text-align: center;">3-11-52</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Seraldine Holmes</p>	
25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">William Ross</p>		ADDRESS <p style="text-align: center;">18th &amp; Benton</p>	

*In Dubio*

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
*Ernest R. Watkins*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4500*

P. O. Address *18<sup>th</sup> & Benton*

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.