

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

38803

State File No. **4761**

No. 200
10.48

NOV 22 1952

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY Jackson		a. STATE Missouri		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		b. COUNTY Jackson		
c. LENGTH OF STAY (in this place) 49 years		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital		d. STREET ADDRESS (If rural, give location) 2406 Kensington		
3. NAME OF DECEASED		4. DATE OF DEATH		
a. (First) Chester	b. (Middle) Elmo	c. (Last) McGhee	(Month) October	(Day) 30
(Type or Print)			(Year) 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 6, 1895	
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receiving Clerk	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and State or Foreign Country) Denver, Colorado
10a.		11.		12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Loren E. McGhee		13b. MOTHER'S MAIDEN NAME Clara Bell Bolton		14. NAME OF HUSBAND OR WIFE Pansy McGhee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-1		16. SOCIAL SECURITY NO. 487-03-1038		17. INFORMANT'S SIGNATURE OR NAME Tangy May McGhee
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiogenic carcinoma of left lung with metastasis to brain, skull, and adrenal glands.		
		19. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		20. DUE TO (b)		
		21. DUE TO (c)		
		22. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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)		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 <u>October 8, 1952</u>, to <u>October 30, 1952</u>, that I last saw the deceased alive on <u>October 30, 1952</u>, and that death occurred at <u>3:15 a.m.</u>, from the causes and on the date stated above.				
23a. SIGNATURE R.C. Schaffer, M.D., Chief Laboratory Service		23b. ADDRESS Va Hospital, Kansas City, Mo		23c. DATE SIGNED 10-30-52
24a. BURIAL CREMATION (REMOVAL) (Specify)		24b. DATE Nov. 1, 1952		24c. NAME OF CEMETERY OR CREMATORY Blue Springs, MO
DATE REC'D BY LOCAL REG. 10-31-52		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Ott & Mitchell, Ind. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

VS JUL 13 1959

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Henry S. Mitchell

Licensed Embalmer No. 3925-

P. O. Address Indep. 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 this body is not embalmed, fact should be so stated above.