No. 300
10.48

FILED MAR 27 1953

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

State File No. 9798

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1373

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 60 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3128 Penn

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3128 Penn St.

3H78

**3. NAME OF DECEASED** (Type or Print)
a. (First): JAMES
b. (Middle):
c. (Last): DEE

**4. DATE OF DEATH** (Month) (Day) (Year): FEB. 27 1953

**5. SEX**: Male D
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: Feb 2 1878
**9. AGE** (In years last birthday): 75 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Foreman--K. C. Water
**10b. KIND OF BUSINESS OR INDUSTRY**: Department
**11. BIRTHPLACE** (City and State or Foreign Country): County Kerry Ireland 4
**12. CITIZEN OF WHAT COUNTRY?**: -

**13a. FATHER'S NAME**: JOHN DEE
**13b. MOTHER'S MAIDEN NAME**: ELLEN WELSH
**14. NAME OF HUSBAND OR WIFE**: HANNAH DEE

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 486-36-8310
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs Hannah Dee
**ADDRESS**: 3128 Penn

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Arteriosclerosis, gen. — 420

*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 ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Feb 12, 1950, *to* Feb 27, 1953, *that I last saw the deceased alive on* Feb. 20, 1953, *and that death occurred at* 3:30 Am., *from the causes and on the date stated above.*

**23a. SIGNATURE**: P. E. Pearson
**(Degree or title)**: P. E. Pearson M.D. MD
**23b. ADDRESS**: 1025 Realty Bldg K.C. Mo
**23c. DATE SIGNED**: 3/4/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Mar 2 1953
**24c. NAME OF CEMETERY OR CREMATORY**: St. Mary's Cemetery
**24d. LOCATION** (City, town, or county) (State): Kansas City, Missouri

**DATE REC'D BY LOCAL REG.**: 3-7-53
**REGISTRAR'S SIGNATURE**: Geraldine Smith
**25. FUNERAL DIRECTOR'S SIGNATURE**: Quirk, Robin
**ADDRESS**: 20 West Linwood

(Licensed Embalmer's Statement on Reverse Side)

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

## 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, ~~and~~ .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Forrest D Goldsnow

Licensed Embalmer No. 4714

P. O. Address K C 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.