

18152

FILED MAY 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2218

| | | | | | | | |
|---|--------------------|--|--|--|---|--|----------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH: | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY JACKSON | | b. CITY (If outside corporate limits, write RURAL and give town or township) KANSAS CITY | | c. LENGTH OF STAY (In this place) D.O.A. | | a. STATE KANSAS | |
| b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY | | c. LENGTH OF STAY (In this place) D.O.A. | | c. CITY (If outside corporate limits, write RURAL and give township) SHAWNEE | | b. COUNTY JOHNSON | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL | | | | d. STREET ADDRESS (If rural, give location) 11503 W. 69 TERR. | | | |
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | | 5. SEX | |
| a. (First) KENNETH | | b. (Middle) | c. (Last) MAGEE | | (Month) 4 | (Day) 25 | (Year) 53 |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED, etc.) | 8. DATE OF BIRTH 3-9-53 | 9. AGE (In years last birthday) 18 | IF UNDER 1 YEAR Months 1 | IF UNDER 1 YEAR Days 10 | IF UNDER 1 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | | 10b. KIND OF BUSINESS OR INDUSTRY Infant | | 11. BIRTHPLACE (State or foreign country) Kansas City, Kansas | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME LYLE MAGEE | | 13b. MOTHER'S MAIDEN NAME Frances Burt | | 14. NAME OF HUSBAND OR WIFE none | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | | 16. SOCIAL SECURITY NO. No | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Father, Mr. Lyle Magee, Shawnee, Kansas | | | |
| 18. CAUSE OF DEATH | | | | MEDICAL CERTIFICATION | | | |
| Enter only one cause per line for (a), (b), and (c) | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ASPHYXIATION | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | ANTECEDENT CAUSES | | | |
| | | | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| | | | | DUE TO (b) PULMONARY EDEMA AND HEMORRAGE | | | |
| | | | | DUE TO (c) | | | |
| | | | | II. 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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE David M. Gibson (Degree or title) David M. Gibson M.D. (Pathologist) | | | | 23b. ADDRESS St. Luke's Hospital | | 23c. DATE SIGNED 4/26/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 4-28-53 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 24d. LOCATION (City, town, or county) (State) Kansas City, Kansas | | |
| DATE REC'D BY LOCAL REG. 4-27-53 | | REGISTRAR'S SIGNATURE Geraldine Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph A. Fulton, Kansas City, Kansas | | | |

(Licensed Embalmer's Statement on Reverse Side)

Kansas

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, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Ralph Fulton

Signed.....
Student Embalmer

Licensed Embalmer No. 3035

P. O. Address D.C.H.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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