

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21624

State File No. \_\_\_\_\_

2828

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

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 OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 1/2 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>2835 Benton Blvd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Provident</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James Allen</u> b. (Middle) <u>Lee</u> c. (Last) <u>3-0</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1953</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>July 23, 1912</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months _____	IF UNDER 2 HRS. Days _____	IF UNDER 2 HRS. Hours _____	IF UNDER 2 HRS. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>People's Finance</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Omaha, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Edgar Allen Lee</u>	13b. MOTHER'S MAIDEN NAME <u>Vernice Marshall</u>	14. NAME OF HUSBAND OR WIFE <u>Mabel Lee</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>712-03-5514</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edgar Lee</u> ADDRESS <u>2417 Maple Omaha, Neb</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Esophageal Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>23 hours</u>  <u>5810</u>
	ANTECEDENT CAUSES <u>Variceses and Cirrhosis of Liver</u> 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 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"/>
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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 June 3, 1953, to June 4, 1953, that I last saw the deceased alive on June 4, 1953 and that death occurred at 3:10A from the causes and on the date stated above.

23a. SIGNATURE <u>G. D. Turner</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>1433 E 19th</u>	23c. DATE SIGNED <u>June 5, 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/6/53</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Omaha, Nebraska</u>
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DATE REC'D BY LOCAL REG. <u>6-5-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Brown</u> ADDRESS <u>18th &amp; Benton</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 5 1960

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.....  
Signature of Student Embalmer

Signed *Bruce L. Watkins*

Licensed Embalmer No. *4500*

P. O. Address *18<sup>th</sup> & 7<sup>th</sup> Bent*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.