

FILED AUG 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26605**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **303**

1. PLACE OF DEATH
 a. COUNTY **Jackson**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Independence**
 c. LENGTH OF STAY (in this place) **61 yrs**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Residence**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** COUNTY **Jackson**
 c. CITY OR TOWN **Independence**
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) **121 N. Rogers**

3. NAME OF DECEASED
 a. (First) **John** b. (Middle) **Calvin** c. (Last) **McMechan**

4. DATE OF DEATH (Month) (Day) (Year)
Aug. 10, 1955

5. SEX **male**
6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Mar. 28, 1894**

9. AGE (In years last birthday) **61**
 IF UNDER 1 YEAR Months _____ Days _____
 IF UNDER 1 HR. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Laborer**

10b. KIND OF BUSINESS OR INDUSTRY **Construction**

11. BIRTHPLACE (City and State or Foreign Country) **Independence, Mo.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John McMechan**

13b. MOTHER'S MAIDEN NAME **Emma Henry**

14. NAME OF HUSBAND OR WIFE **Anna E. McMechan**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES yes WW I**

16. SOCIAL SECURITY NO. **493-12-7371**

17. INFORMANT'S SIGNATURE OR NAME **Mrs. Anna E. McMechan, Independence, Mo.**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Hypertension**
 DUE TO (c) **331X**
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death **Chronic Valvular Heart Disease**

INTERVAL BETWEEN ONSET AND DEATH **2 days**

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)

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 **6-24, 19**55**, to **8-10**, 19**55**, that I last saw the deceased alive on **8-9**, 19**55**, and that death occurred at **1:50A** m., from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) **Med J. Gammar DO**

ADDRESS **Indep. Mo**

23c. DATE SIGNED **8-11-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **8/12/55**

24c. NAME OF CEMETERY OR CREMATORY **Oakland Cemetery**

24d. LOCATION (City, town, or county) (State) **Jackson County, Mo.**

DATE REC'D BY LOCAL REG. **8-12-55**

REGISTRAR'S SIGNATURE **354**

25. FUNERAL DIRECTOR'S SIGNATURE **Geo. C. Brown** **ADDRESS** **Independence, Mo.**

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

AUG 18 1955

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.....

Harold E. Nealey

Licensed Embalmer No. 46

P. O. Address *Indigo*

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.