No. 300
30.48

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

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13364

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1670

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): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN: Bonner Springs
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 215 Springdale

$15.00

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Frank
c. (Last): Lee

DATE OF DEATH (Month) 4 (Day) 16 (Year) '56

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 21, 1893
9. AGE (In years last birthday): 62
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): Labarer
10b. KIND OF BUSINESS OR INDUSTRY: union pacific RR
11. BIRTHPLACE (City and State or Foreign Country): Bonner Springs R.F.D. 2 Kans.
12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME: Harry Lee
13b. MOTHER'S MAIDEN NAME: Mary Jane Hayden
14. NAME OF HUSBAND OR WIFE: Johanna Lee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 712-01-9388
17. INFORMANT'S SIGNATURE OR NAME: Johanna Lee, ADDRESS: Bonner Springs Ks

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) Pulmonary infarctions — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) multiple thrombi secondary to — 10 months
DUE TO (c) Congestive heart failure of Hypertensive C-V origin — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
443X

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* 4/6, 1956, *to* 4/16, 1956, *that I last saw the deceased alive on* 4/15, 1956, *and that death occurred at* 5:25 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald J. Smith (Degree or title) M.D.
23b. ADDRESS: 8023 Santa Fe Rd Overland Park Ks
23c. DATE SIGNED: 4/17/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 17, 56
24c. NAME OF CEMETERY OR CREMATORY: Bonner Springs Cem.
24d. LOCATION (City, town, or county) (State): Bonner Springs Kan

DATE REC'D BY LOCAL REG.: 4-17-56
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: Olden Harrington, ADDRESS: Bonner Springs

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. Simmons.....

Licensed Embalmer No. 39

P. O. Address N.C.K.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.