

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26965

FILED AUG 29 1956

STATE FILE NUMBER 3440

Registration District No. 149 Primary Registration District No. 1022 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital		Length of stay in 1b 30 Yrs.	d. STREET ADDRESS 1414 Montgall		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Claude James			4. DATE OF DEATH Month Day Year August 6 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3 July 1890	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver		10b. KIND OF BUSINESS OR INDUSTRY Cab Co.	11. BIRTHPLACE (City and state or country) Fulton, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John James			14. MOTHER'S MAIDEN NAME Lydia McGowan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO. x496 10 5844	17. INFORMANT Address Mrs. Lutie James 1414 Montgall K.C. Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Stem Cell Leukemia, acute					INTERVAL BETWEEN ONSET AND DEATH 2043 4 wks?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour: _____ Month, Day, Year a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		STATE
21. I attended the deceased from July 22, 1956 to August 6, 1956 and last saw ^{her} him alive on 8/6/56 ✓ Death occurred at 1:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE A. Underwood (Degree or title)			22b. ADDRESS 5100 E. 24th K.C. Mo		22c. DATE SIGNED 8/7/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8 August	23c. NAME OF CEMETERY OR CREMATORY Floral Hills		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri.
24. FUNERAL DIRECTOR Floral Hills Memorial Chapels K.C. Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 8-7-56		26. REGISTRAR'S SIGNATURE Neve Minshall

Health, Welfare, Public Service
300-56
Doctor, coroner, etc. must use only standard nomenclature in report for this certificate. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

Dr. J. O. ...
51 ...
3:30 PM

1-1881

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 *Ray C. McCord*.....

Licensed Embalmer No. *483*

P. O. Address *J. C.*

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