

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27004**  
**3639**

FILED SEP 11 1956

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. <u>3639</u>			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission. a. STATE <b>Missouri</b>				b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give (county) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <u>Life</u> <u>30 yrs.</u>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6707 Kenwood</b>				e. STREET ADDRESS (If rural, give location)*- <b>6708 Kenwood</b>				<u>286 S</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jean</b>			b. (Middle) <b>Elizabeth</b>		c. (Last) <b>Lee</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 17, 1956</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 24, 1911</b>		9. AGE (in years last birthday) <b>45</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Frank Ireland Moore</b>			13b. MOTHER'S MAIDEN NAME <b>Joan A. McHenry</b>			14. NAME OF HUSBAND <b>John M. Lee, 6708 Kenwood</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John M. Lee</b>				ADDRESS <b>6708 Kenwood K.C. Mo.</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>A massive occlusion left coronary artery</u> ANTECEDENT CAUSES <u>artery</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.						INTERVAL BETWEEN ONSET AND DEATH <b>10 minutes</b>  <b>4201</b>	
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)		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 <u>Sept 8, 1956</u> , to <u>8/17, 1956</u> , that I last saw the deceased alive on <u>8/10, 1956</u> , and that death occurred at <u>12:02 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Hugh G. Hamilton</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>1107 Bryant Blvd, K.C. Mo.</b>				23c. DATE SIGNED <b>8/18/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/20/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>			
DATE REC'D BY LOCAL REG. <b>8-20-56</b>		REGISTRAR'S SIGNATURE <b>Nevar Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stine &amp; Mc Clure</b>		ADDRESS <b>K.C. Mo.</b>			

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

will be in office 11:00 AM to 4:30 PM

**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..... *J. T. Crowell*

Licensed Embalmer No... *4904*  
P. O. Address..... *K. C. M.*

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.