

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41600

STATE FILE NUMBER

5380

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 218 EAST 73RD STREET, 8 YEARS		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 218 EAST 73RD STREET Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JAMES Middle LLOYD Last McGEE			4. DATE OF DEATH Month DEC. Day 11 Year 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 DEC-11-1900
9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DENTIST		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MEXICO MISSOURI
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME JAMES H. Mc GEE	
14. MOTHER'S MAIDEN NAME ALICE LONG		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 282-05-6010		17. INFORMANT Address 218 EAST 73RD STREET KANSAS CITY, MO. MRS. HAZEL Mc GEE	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertension of lesser circulation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Emphysema of lungs, obstructive DUE TO (c) Asthma, bronchial 241X			INTERVAL BETWEEN ONSET AND DEATH 10 yrs 15 yrs 25 yrs.
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 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 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 COUNTY STATE
21. I attended the deceased from Jan. 1954 to Dec. 11, 1956 and last saw ^{her} him alive on Dec. 11, 1956 Death occurred at 6:15 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. L. Slentz (Degree or title) E. L. Slentz, M.D.		22b. ADDRESS 4620 Nichols Pkwy, Kansas City, Mo.	22c. DATE SIGNED 12/11/56
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE DEC-12-1956	23c. NAME OF CEMETERY OR CREMATORY -	23d. LOCATION (City, town, or county) (State) ELSBRAY MISSOURI
24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMB'S SONS 1331 BROAD CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 12-12-56	26. REGISTRAR'S SIGNATURE Nevar Minshall

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Basil Honey*.....

Licensed Embalmer No. *47*

P. O. Address *D.C., 7*

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.