

FILED MAR 6 1957

STATE FILE NUMBER 735

Registration District No. 149 Primary Registration District No. 1.002 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. MARY'S Hosp.			Length of stay in lb 15 YRS.		d. STREET ADDRESS 2608 E 73rd. ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CLARA Middle Lee Last Mc Coy				4. DATE OF DEATH Feb 15, 1957				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 7, 1872		9. AGE (In years last birthday) 84		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Teacher		10b. KIND OF BUSINESS OR INDUSTRY Teaching		11. BIRTHPLACE (City and state or country) Kent, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME James H. Lemon				14. MOTHER'S MAIDEN NAME Adelaine Kater				
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. NONE		17. INFORMANT MRS. Lee Nelson		Address 2608 E. 73rd.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLISM							INTERVAL BETWEEN ONSET AND DEATH 1-28-57	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Kent-Posterior Cardio Infarct		DUE TO (c) Hypertension + General arteriosclerosis		Same		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Coronary Vascular Disease with left placis							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)						
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from 1-11-1947 to Feb 15-57 and last saw her ^{him} alive on 2-14-57 . Death occurred at 3:30 a. m. 2-15-57 on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) W. A. Myers M.D.				22b. ADDRESS 115 Grand Ave, Kansas City, Mo.		22c. DATE SIGNED 2-15-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Reinter-Burial		23b. DATE Feb 18-57		23c. NAME OF CEMETERY OR CREMATORY Tarkio Cemetery		23d. LOCATION (City, town, or county) (State) Tarkio Missouri		
24. FUNERAL DIRECTOR Muehlebach		ADDRESS 4800 TROST		25. DATE RECD. BY LOCAL REG. 2-15-57		26. REGISTRAR'S SIGNATURE Neva Minchell		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
W. A. Myers

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 *Richard E. M... 499*

Licensed Embalmer No. *499*
P. O. Address *Wood Road
N.C. 2761*

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.