

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16995

STATE FILE NUMBER

FILED MAY 21 1957

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2127

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <input checked="" type="checkbox"/> a. STATE <b>MISSOURI</b> b. COUNTY <b>BUCHANAN</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>KANSAS CITY</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>ST. JOSEPH</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>1624 S. 11th</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>V.A. HOSPITAL</b> Length of stay in 1b <b>31 days</b>			4. DATE OF DEATH Month <b>5th</b> Day <b>4th</b> Year <b>1957</b>		
3. NAME OF DECEASED (Type or print) First <b>CHESTER</b> Middle <b>A.</b> Last <b>CLISBEE</b>			9. AGE (In years last birthday) <b>57 yrs</b> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-18-00</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dry Cleaner</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Clothing</b>		11. BIRTHPLACE (City and state or country) <b>Humansville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>James Clisbee</b>			14. MOTHER'S MAIDEN NAME <b>Augusta McKenzie</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>		16. SOCIAL SECURITY NO. <b>491 10 1233</b>	17. INFORMANT <b>V.A. Hospital Records, K.C., Mo.</b> Address _____		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary edema and congestion</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Heart failure</b>					4201
DUE TO (c) <b>Old myocardial infarct.</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>Coronary sclerosis.</b>					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"/> AT WORK <input checked="" 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. Attended the deceased from <b>April 3, 1957</b> to <b>May 4, 1957</b> and <b>interred</b> Death occurred at <b>12:30 am</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Guido Podrecca</b> (Degree or title) <input type="checkbox"/>		22b. ADDRESS <b>MD V.A. Hospital, Kansas City, Mo</b>		22c. DATE SIGNED <b>5-4-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>MAY 6, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>St. JOSEPH MISSOURI</b>
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS.</b> ADDRESS <b>1231. BERRY CREEK KANSAS CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>5-6-57</b>		26. REGISTRAR'S SIGNATURE <b>neva minshall</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Guido Podrecca



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 Rollie Kessel

Licensed Embalmer No. 469

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.