

Health,
& Welfare
S. Public
th Service

S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17204
STATE FILE NUMBER
2149

FILED MAY 21 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Merriam,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hosp.		d. STREET ADDRESS (If outside, give location) 7321 W. 55 St.	
3. NAME OF DECEASED (Type or print) First ROBERT Middle T. Last McGEE		4. DATE OF DEATH Month May Day 5 Year 1957	
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 Sept. 1, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) District Manager		11. BIRTHPLACE (City and state or country) Caney, Kansas	
13a. FATHER'S NAME Robert T. McGee Sr.		14. NAME OF HUSBAND OR WIFE Ruby A. McGee	
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. 509-03-9105 A	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct		INTERVAL BETWEEN ONSET AND DEATH 17 Hr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis		17 Hr	
DUE TO (c)		4201	
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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <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 5/4/57 , to 5/5/57 and last saw her alive on 5/5/57 . Death occurred at 7:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James A. Jarvis MD (Degree or title)		22b. ADDRESS Merriam City, Mo.	
22c. DATE SIGNED 5/6/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-8-1957	
23c. NAME OF CEMETERY OR CREMATORY Edna, Kansas Cemetery		23d. LOCATION (City, town, or county) (State) Edna, Kansas	
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar F. Home		25. DATE RECD. BY LOCAL REG. 5-7-57	
ADDRESS 1800 E. Linwood, K. C., Mo.		26. REGISTRAR'S SIGNATURE new Minshall	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
James A. Jarvis

(Licensed Embalmer's Statement on Reverse Side)

In witness
4620 J. L. Dickel
Jan 12 2020

1:30-6 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 *James W. Wain*
Licensed Embalmer No. *4630*
P. O. Address *K.C., Mo.*

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.