

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17207
 State File No. _____
 Registrar's No. **2090**

FILED MAY 21 1957

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General #2		e. STREET ADDRESS (If rural, give location) 1009 1/2 E. 14th	
3. NAME OF DECEASED (Type or Print) a. (First) Charlie		b. (Middle) _____	c. (Last) McLean
4. DATE OF DEATH April 30, 1957		5. SEX Male	
6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH und. off. 65	9. AGE (In years last birthday) if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) und.		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) und.
12. CITIZEN OF WHAT COUNTRY? 9		13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Ethel McLean		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	16. SOCIAL SECURITY NO. unknown
17. INFORMANT'S SIGNATURE OR NAME Ethel McLean, wife		ADDRESS K.C. mo.	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis with Cerebral vascular accident and Hypertension. INTERVAL BETWEEN ONSET AND DEATH 33 1/2	
2. ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ 3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 4-16-57 , 19____, to 4-30-57 , 19____, that I last saw the deceased alive on 4-30-57 , 19____, and that death occurred at 8:00 A m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) W. R. Peterson M.D.		23b. ADDRESS 600 E. 22nd Street	23c. DATE SIGNED 5-2-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical	24b. DATE 5-11-57	24c. NAME OF CEMETERY OR CREMATORY K.C. University	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
DATE REC'D BY LOCAL REG. 5-3-57	REGISTRAR'S SIGNATURE New Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Manlove Williams 1729 Lydia	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 W. R. Peterson

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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.....
D. J. Malone

Licensed Embalmer No. *3994*

P. O. Address *3712 E 30th*

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.