FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24312
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 5507 Registrar's No. 523

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Davis Twp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Montrose, Mo. Rural — Length of stay in 1b: 1Wk.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Independence — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3707 Clarmont — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: James Middle: Clinton Last: Mcghee

4. DATE OF DEATH Month Day Year: July 17, 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: April 15, 1917

9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months 3, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James T. McGhee

14. MOTHER'S MAIDEN NAME: Inez Flynn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W 2

16. SOCIAL SECURITY NO.: 569-07-2034

17. INFORMANT: 3707 Clarmont St. Junita Mcghee, Independence, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Accidental, Depressed skull fracture - Laceration of Brain — INTERVAL BETWEEN ONSET AND DEATH: 1hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 9109

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 6

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☑ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18a.) Iron grate fell 25 feet - struck patient on head & knocked him to ground 25 feet.

20c. TIME OF INJURY Hour a.m. p.m. 2:25 — Month, Day, Year 5-17-57

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Construction @ Montrose

20f. CITY, TOWN, OR LOCATION: Davis Montrose Township — **COUNTY**: Henry — **STATE**: Mo.

21. I attended the deceased from DOA, to ____ and last saw her/him alive on 5-17-57. Death occurred at 3:00 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. Bradshaw, Coroner M.D.

22b. ADDRESS: Clinton Mo.

22c. DATE SIGNED: 7-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: July 18, 1957

23c. NAME OF CEMETERY OR CREMATORY: Kansas City, Mo.

23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR: N. LeVansant — **ADDRESS**: Clinton, Mo

25. DATE RECD. BY LOCAL REG.: 7-18-57

26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

AUG 6 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. L. Vansant

Licensed Embalmer No. 37

P. O. Address Clinto

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.