THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 15 1957

STATE FILE NUMBER 24700

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3530

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Gen'l Hosp. #1 — Length of stay in 1b 35 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1067 E. 4 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First James Middle W. Last McLees

4. DATE OF DEATH: Month 7 Day 25 Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH August 3, 1890

9. AGE (In years last birthday) 66 — 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) Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) El Paso, Texas

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Washington McLees

13b. MOTHER'S MAIDEN NAME Ann Springman

14. NAME OF HUSBAND OR WIFE Ivy Baber McLees

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

16. SOCIAL SECURITY NO. 692-18-3483

17. INFORMANT Ivy McLees Address 1067 E. 4th.

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) Thrombosis of left anterior descending artery with myocardial infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 4200
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 [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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 WORK [ ] NOT WHILE AT WORK [ ]

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 July 3, 1957, to July 25, 1957 and last saw him alive on July 25, 1957
Death occurred at 11:40 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. L. Burns (Degree or title) M.D.

22b. ADDRESS 24th & Cherry

22c. DATE SIGNED 7-26-57

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE July 29, 1957

23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery

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

24. FUNERAL DIRECTOR D. W. Newcomer's Sons, K. C. Kansas — ADDRESS

25. DATE RECD. BY LOCAL REG. 7-27-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Cor 1.0250

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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 Jess T. Dews

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.