

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005691
STATE FILE NUMBER
902

FILED MAR 10 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 902

300
-57

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY 328
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD		Length of stay in lb 50 yrs.	d. STREET ADDRESS (If outside, give location) 2206 E. 22nd St.
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES A. MCCLURE			4. DATE OF DEATH Month Day Year February 15, 1958
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 22, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper handler		10b. KIND OF BUSINESS OR INDUSTRY K.C. Star	9. AGE (In years last birthday) 72 yrs. IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles McClure		13b. MOTHER'S MAIDEN NAME Lucy Fullbright	14. NAME OF HUSBAND OR WIFE Essie E. McClure
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. 486-09-9529A	17. INFORMANT Address Essie E. McClure 2206 E. 22nd St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease e Rt. Hemiplegia DUE TO (b) _____ DUE TO (c) Bronchopneumonia (Terminal) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 42-50
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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"/> 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 15-	COUNTY STATE
21. I attended the deceased from 1-24-58 to 2-15-58 and last saw her/him alive on 2-14-58 Death occurred at 2:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Royall B. Fleming, M.D. (Degree or title)		22b. ADDRESS 1433 E. 19th K.C. Mo	22c. DATE SIGNED 2-18-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-20-58	23c. NAME OF CEMETERY OR CREMATORY Highland	23d. LOCATION (City, town, or county) (State) Kans. City, Missouri
24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Funeral Home 18th & Benton		25. DATE RECD. BY LOCAL REG. 2-19-58	26. REGISTRAR'S SIGNATURE neva Minshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Royall B. Fleming



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 *Bruce R. Watkins* Licensed Embalmer No. *4500*

P. O. Address *18th & Benton*

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.