Health, Welfare Public Service

300 -57

FILED MAR 7 - 1958

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-006045

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 97

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Jackson | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Jackson 7000 |
| b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Blue Twp — Inside Limits Yes ☐ No ☐ | c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☒ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 11317 E. 13th — Length of stay in 1b Life | d. STREET ADDRESS (If outside, give location) 11317 E. 13th — Reside on Farm Yes ☐ No ☐ |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First MELVIN | Middle HENRY | Last MCBROOME | 4. DATE OF DEATH Month Day Year Feb. 25, 1958 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒ | 8. DATE OF BIRTH Oct. 13,1906 | 9. AGE (In years last birthday) 51 — 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) Baggage Clerk | 10b. KIND OF BUSINESS OR INDUSTRY Greyhound Bus Cp. | 11. BIRTHPLACE (City and state or country) Independence, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME John Henry McBroome | 13b. MOTHER'S MAIDEN NAME Lilla Blanch Stafford | 14. NAME OF HUSBAND OR WIFE -------- | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none | 16. SOCIAL SECURITY NO. 487-05-8748 | 17. INFORMANT Address Ralph E.McBroome, 2011 E.79th, K.C., 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) Acute Coronary occlusion (massive) — INTERVAL BETWEEN ONSET AND DEATH

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

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none 4201

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 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 Feb 25 1958 and last saw her/him alive on Feb 24/58

Death occurred at 1:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|---|---|---|
| 22a. SIGNATURE (Degree or title) E H Henry Md | 22b. ADDRESS 324 E 11th KC Mo | 22c. DATE SIGNED 2/26/58 |

| | | | |
|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Feb.27,1958 | 23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery | 23d. LOCATION (City, town, or county) (State) Jackson County, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS George C. Carson, Independence, Mo. | 25. DATE RECD. BY LOCAL REG. 2-27-58 | 26. REGISTRAR'S SIGNATURE James S Craig | |

(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.

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MAR 5 1956

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 ....Dean W. Huff.....

Licensed Embalmer No. 4914

P. O. Address Indy, 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.