

Health,  
Welfare  
Public  
Service

FILED MAY 29 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018325  
STATE FILE NUMBER  
2406

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2406

300  
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO 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. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GENERAL HOSP & I		Length of stay in 1b 1948	
3. NAME OF DECEASED (Type or print) First JOHN Middle C Last LEE		4. DATE OF DEATH Month 5 Day 11 Year 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-7-1909
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) PAINTER		11. BIRTHPLACE (City and state or country) PENN.	
13a. FATHER'S NAME UNK		14. NAME OF HUSBAND OR WIFE NAOMI LEE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT NAOMI LEE Address KC MO	
16. SOCIAL SECURITY NO. 509-12-5831		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis DUE TO (b) Perforated ulcer Colon DUE TO (c) Solar Pneumonia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Solar Pneumonia, Compression fracture spine			INTERVAL BETWEEN ONSET AND DEATH E9010 21
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell from a ladder at a home 123	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 4.21 58 p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Residence	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson MO	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugh H. Owens (Degree or title) 3		22b. ADDRESS 1034 Pratts Bldg	
22c. DATE SIGNED 5-12-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 5-12-58	
23c. NAME OF CEMETERY OR CREMATORY DAYTON CEM.		23d. LOCATION (City, town, or county) (State) CASS COUNTY, MO	
24. FUNERAL DIRECTOR ADDRESS ATKINSON HARRISONVILLE, MO		25. DATE RECD. BY LOCAL REG. 5-12-58	
26. REGISTRAR'S SIGNATURE new Frenchell			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.  
Hugh H. Owens

856L 8 NOV. 1958

2012-2813

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 *Leonard Passantino* .....

Licensed Embalmer No. 4554 .....

P. O. Address KCMO .....

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.