

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025911

FILED AUG 6 1958

Registration District No. 146

Primary Registration District No. 3026

STATE FILE NUMBER

Registrar's No. 324

S. 300
1-57

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Independence		c. CITY OR TOWN Independence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Indep. San. & Hosp.</u>		d. STREET ADDRESS (If outside, give location) 2101 Norwood	
3. NAME OF DECEASED (Type or print) First Middle Last RAY EUGENE MC CLARAN, JR.		4. DATE OF DEATH Month Day Year July 27, 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 March 24, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales & Adm.		10b. KIND OF BUSINESS OR INDUSTRY Lake City Arsenal	11. BIRTHPLACE (City and state or country) Princeton, Mo.
13c. FATHER'S NAME Marion Frank Mc Claran		13b. MOTHER'S MAIDEN NAME Mati Johnson	14. NAME OF HUSBAND OR WIFE Wilma Mc Claran
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 486-10-9790	17. INFORMANT Address Mrs. Wilma Mc Claran, 2101 Norwood, Indep.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u>			INTERVAL BETWEEN ONSET AND DEATH less. 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary artery thrombosis</u>			
DUE TO (c) <u>atherosclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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 a.m. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 COUNTY STATE	
21. I attended the deceased from <u>June 1, 1957</u> , to <u>July 27, 1958</u> and last saw ^{him} alive on <u>July 27, 1958</u> . Death occurred at <u>8:30 AM</u> on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <u>John Miller Green</u> (Degree or title)		22b. ADDRESS <u>10901 Wainner Rd. Indep.</u>	
		22c. DATE SIGNED <u>July 7-28-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 29, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemebery</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
24. FUNERAL DIRECTOR <u>Geo. C. Carson & Sons, Indep., Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-29-58</u>	
		26. REGISTRAR'S SIGNATURE <u>James D. Gray</u>	

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 *R. Kenneth Patterson*

Licensed Embalmer No. *4697*
P. O. Address *Indep. 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.