. Health,
& Welfare
. Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036473
STATE FILE NUMBER

FILED OCT 23 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4660

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. MARY'S HOSPITAL — Length of stay: 2 days ~~45 YEARS~~

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: KANSAS b. COUNTY: JOHNSON
c. CITY OR TOWN: OVERLAND PARK (81.5 C) — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 8625 MARTY — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: CHARLES Middle: CLYDE Last: LEE

4. DATE OF DEATH: Month September Day 30 Year 1958 ~~OCT 1 1958~~

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: MAR. 27. 1884
9. AGE (In years last birthday): 74 — 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): BOOK KEEPER
10b. KIND OF BUSINESS OR INDUSTRY: ....
11. BIRTHPLACE (City and state or country): CHARLESTON, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: JOHN T. LEE
13b. MOTHER'S MAIDEN NAME: MARY J. DOULTER
14. NAME OF HUSBAND OR WIFE: MRS. MARY L. LEE

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.: UNKNOWN
17. INFORMANT: MRS. JANE TARLETON — Address: 8625 MARY AVENUE OVERLAND PARK KANS.

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): Ruptured Aneurysm left Ventricle — INTERVAL BETWEEN ONSET AND DEATH: 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocardial infarction — 15 days
DUE TO (c): Occlusion, anterior descending Coronary — 15 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): H251
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.)
ITEM 4 CORRECTED BY AFFIDAVIT OF Physician 2-5-59 DES
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 Sept 16, 1958, to Sept 30, 1958 and last saw her/him alive on Sept 30, 1958
Death occurred at 9:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Donald J. Smith, M.D. (Degree or title)
22b. ADDRESS: 8023 Santa Fe Dr Overland Park Ks
22c. DATE SIGNED: 10/1/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: OCT. 3. 1958
23c. NAME OF CEMETERY OR ~~CREMATORY~~: MT. WASHINGTON CEMETERY
23d. LOCATION (City, town, or county) (State): KANSAS CITY, MISSOURI

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS — ADDRESS: 1331. BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 10-3-58
26. REGISTRAR'S SIGNATURE: Neva Marshall

(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.

Donald J. Smith

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 Harold L. Eckternal

Licensed Embalmer No. 3035

P. O. Address [illegible]

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.