

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044262

STATE FILE NUMBER 5977

Registration District No. 149 Primary Registration District No. 1602

Registrar's No. 5977

FILLED JAN 5 1959

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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2516A TRUMAN RD		Length of stay in lb 5' Life	d. STREET ADDRESS 2516 TRUMAN RD
3. NAME OF DECEASED (Type or print) First Middle Last GERALD WILLARD MCGHEE			4. DATE OF DEATH Month Day Year 12-14-1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/8/1920
9. AGE (In years, months, days) 38 30	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME SAM MCGHEE		13b. MOTHER'S MAIDEN NAME ADA HALE	14. NAME OF HUSBAND OR WIFE LILA A. MCGHEE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWIT	16. SOCIAL SECURITY NO. 494-12-2503	17. INFORMANT Address LILA A. MCGHEE SAN DIEGO, CALIF.	
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>Circulatory failure</u> <u>Decompensated Heart</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>obesity</u> DUE TO (c) <u>obesity</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Created for Heart at NYA Mass</u>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Hugh H. Owens</u>		22b. ADDRESS <u>1034 Rio Vista Bldg</u>	22c. DATE SIGNED <u>11-15-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12/18/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. WASHINGTON CEMETERY</u>	23d. LOCATION (City, town, or country) (State) <u>KANSAS CITY, Mo.</u>
24. FUNERAL DIRECTOR <u>C. H. BLACKMAN &amp; SON INC. K.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-17-58</u>	26. REGISTRAR'S SIGNATURE <u>vera Marshall</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hugh H. Owens

All diseases in Part I must be causally related.

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 Wayne Smith....., Student Embalmer No. 567..... working under my personal supervision.

Student Wayne Smith.....  
Signature of Student Embalmer

Signed Bert B. Benne.....

Licensed Embalmer No. 4656

P. O. Address H. C., Ma

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.