

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005710  
STATE FILE NUMBER  
765

FILED FEB 27 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar No. 765

300  
-57

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>JOHNSON</b>	
b. CITY OR TOWN <b>KANSAS CITY</b> (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>MERRIAM</b> 8159 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hosp</b> Length of stay in 1b <b>43 years</b>		d. STREET ADDRESS (If outside, give location) <b>8275 West 63rd St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>WALTER</b> Middle <b>M</b> Last <b>BEE</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>8</b> Year <b>1959</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July-11-1875</b>
9. AGE (In years) <b>83</b> (Day of birthday)		IF UNDER 1 YEAR Months <b>11</b> Days <b>11</b>	IF UNDER 24 HRS. Hours <b>6</b> Min. <b>00</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired-Display Adv.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K.C. Journal</b>	11. BIRTHPLACE (City and state or country) <b>Palo Alto, Miss.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Joshua McBee</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Hill</b>	14. NAME OF HUSBAND OR WIFE <b>Grace McBee</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>486-05-4142</b>	17. INFORMANT Address <b>8275 WEST 63RD ST. MERRIAM, KANSAS</b> <b>Mrs. Paul E. Taylor</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Carcinoma of the Lung</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) <b>metastatic Carcinoma</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 hours</b> <b>unknown</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 <b>Dec '58</b> to <b>8 Feb '59</b> and last saw him alive on <b>7 Feb '59</b> Death occurred at <b>2:04 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>William R. Nohaty, MD</b>		22b. ADDRESS <b>2108 W. 75th St.</b>	22c. DATE SIGNED <b>9 Feb '59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>Burial</b>	<b>Feb. 10, 1959</b>	<b>Forest Hill Cemetery</b>	<b>Kansas City Missouri</b>
24. FUNERAL DIRECTOR <b>D.W. Newcomers</b> ADDRESS <b>1331 BRUSH CREEK BLVD. SOUS - KANSAS CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>2-10-59</b>	26. REGISTRAR'S SIGNATURE <b>Oliver Marshall</b>

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION  
William R. Nohaty, M.D. DO NOT WRITE IN THIS SPACE  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *William W. Pearson* .....

Licensed Embalmer No. *4889* .....  
P. O. Address *D. C. No.* .....

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.