

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013413  
State File No. ....

FILED APR 20 1959

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1657

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Bruce P. McDonald

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>60 yrs</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>QUEEN OF THE WORLD HOSPITAL</b>		e. STREET ADDRESS <b>2420 PARK KANSAS CITY, MO.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>HOUSTON</b> b. (Middle) <b>Eugene</b> c. (Last) <b>McClanahan</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 30, 1959</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>May 27, 1893</b>
9. AGE (In years last birthday) <b>65</b>	10. a. OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Waiter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Rock Island RR</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>FULTON, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. a. FATHER'S NAME <b>Watt McClanahan</b>	
13b. MOTHER'S MAIDEN NAME <b>Charity Newsom</b>		14. NAME OF HUSBAND OR WIFE <b>FAYE McCLanahan, wife</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 <b>707-16-8937</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Fay McClanahan</b>		ADDRESS <b>2420 Park</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis, right with left side hemiplegia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis &amp; hypertension</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>332x</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>3-27</b> , 19 <b>59</b> to <b>3-30</b> , 19 <b>59</b> that I last saw the deceased alive on <b>3-30</b> , 19 <b>59</b> , and that death occurred at <b>1:15A</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Bruce P. McDonald</b>		23b. ADDRESS <b>2604 Prospect K.C. Missouri</b>	
23c. DATE SIGNED <b>3/31/59</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-2-59</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt. St. Mary's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kans. City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>4-1-59</b>		REGISTRAR'S SIGNATURE <b>Wesley Marshall</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins B'tos. Funeral Home</b>		ADDRESS <b>18th &amp; Benton</b>	

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.....  
*Bruce L. Watkins*

Licensed Embalmer No... *45A*

P. O. Address... *18th Y St*

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.