

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021529

FILED JUN 24 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 2780 Registrar's No.

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1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Warrensburg</b>
c. FULL NAME OF (If NOT in hospital, give location) <b>Research Hospital</b>		Length of stay in lb <b>2 1/2 weeks</b>	d. STREET ADDRESS (If outside, give location) <b>416 E. Market</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>LELAH Pearl McKEE</b>		4. DATE OF DEATH Month Day Year <b>June 7, 1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10-25-1879</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Johnson Co., Mo.</b>
13a. FATHER'S NAME <b>Robert McKee</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Whitacre</b>	14. NAME OF HUSBAND OR WIFE <b>Mo.</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>None</b>	17. INFORMANT Address <b>Mrs. Anna Willoughby - Warrensburg, Mo.</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>Apoplexy</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Malignant hypertension</b> DUE TO (c) <b>Gastrointestinal hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>445 X</b>	
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. 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 <b>Warrensburg, Mo.</b>	
21. I attended the deceased from Death occurred at <b>5/19/59</b> to <b>6/7/59</b> and last saw her/him alive on <b>5-15-59</b> in on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>J. G. Montgomery, M.D.</b>	
23a. BURIAL, CREMATION, REMOVAL <b>Removal</b>		23b. DATE <b>6-7-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>
24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar</b>		25. DATE RECD. BY LOCAL REG. <b>6-7-59</b>	26. REGISTRAR'S SIGNATURE <b>Reva Marshall</b>
23d. LOCATION (City, town, or county) (State) <b>Warrensburg, Mo.</b>		22c. DATE SIGNED <b>6-7-59</b>	

J. G. Mort Company

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

*Dr. James Montzomer*

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 *Melvin Barton*

Licensed Embalmer No. *4903*  
P. O. Address *K C 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.