

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032456

FILED OCT 13 1959

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 4701 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in <b>3 wks.</b>	c. CITY OR TOWN <b>Kansas City</b> 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>2720 East 12th. St.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2720 East 12th. st.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>HAROLD</b> Middle <b>VICTOR</b> Last <b>McCLUEY</b>			4. DATE OF DEATH Month <b>9</b> Day <b>26</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>7-16-01</b>	9. AGE (last birthday) <b>58</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Coal Mines</b>		11. BIRTHPLACE (City and state or country) <b>Liberal, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>William McCluey</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Reynolds</b>		14. NAME OF HUSBAND OR WIFE <b>Neoma McCluey</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>545-18-0432</b>		17. INFORMANT Address <b>Mrs. Maude Brooks: 2720 East 12th. K.C., Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <b>Myocardial Failure - Decompenstation</b>			<b>6-10 days</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Pulmonary Failure</b>			<b>6-10 days</b>		
DUE TO (c) <b>Broncho-Pneumonia</b>			<b>5-6 days</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Bronchiectasis - Bronchial Asthma - Bronchitis</b>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

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 checked="" 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 **9/14/59** to **9/25/59** and last saw him alive on **9/25/59**  
Death occurred at **7:30 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>William P. Adams, D.D.</b>		22b. ADDRESS <b>3221 Independence Ave.</b>		22c. DATE SIGNED <b>9/27/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>9-28-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Liberal, Missouri Cem. Liberal, Missouri</b>	
23d. LOCATION (City, town, or county)		23e. DATE RECD. BY LOCAL REG.		23f. REGISTRAR'S SIGNATURE <b>Irene Marshall</b>	
24. FUNERAL DIRECTOR ADDRESS <b>WEILERT FUNERAL HOMES(S) K.C., MO.</b>			25. DATE RECD. BY LOCAL REG. <b>9-28-59</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
William P. Adams

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*B. E. Willett*

Licensed Embalmer No. *4070*

P. O. Address *X C S*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.