

FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 2 5 5

FILED VS DEC 3 0 1959

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5987

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson									
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 1 day		c. CITY OR TOWN Prairie Village		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3501 W. 63rd		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last CHRISTOPHER LAWRENCE MAY				4. DATE OF DEATH Month Day Year Dec. 11, 1959									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/12/58		9. AGE (last birthday) 1 yr.		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) child				10b. KIND OF BUSINESS OR INDUSTRY child		11. BIRTHPLACE (City and state or country) Kansas City, Ks.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Dr. James W. May				13b. MOTHER'S MAIDEN NAME Sally Hamilton				14. NAME OF HUSBAND OR WIFE never married					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none		17. INFORMANT Address Dr. James W. May 3501 W. 63rd							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Failure										INTERVAL BETWEEN ONSET AND DEATH 4 hours			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Bilateral Bronchopneumonia										2 days			
DUE TO (c) myocardium										Since Birth			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								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 checked="" type="checkbox"/> NO <input 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 Dec 9, 1959 to Dec 11, 1959 and last saw ^{her} him alive on Dec 11, 1959 Death occurred at 2:50 pm on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Charles E. Bue, Jr. MD						22b. ADDRESS 9406 E 63d				22c. DATE SIGNED 12-12-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/12/59		23c. NAME OF CEMETERY OR CREMATORY Highland Pk. Cem.				23d. LOCATION (City, town, or county) (State) Kansas City, Ks.					
24. FUNERAL DIRECTOR ADDRESS Geo. F. Porter & Sons K.C.Ks.						25. DATE RECD. BY LOCAL REG. 12-12-59		26. REGISTRAR'S SIGNATURE Neal Marshall					

DOCUMENT

BY AFFIDAVIT OF
Chester I. Baro, Jr. MEDICAL CERTIFICATION

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 Howard L. Porter

Licensed Embalmer No. 3751

P. O. Address 19th & Minnes
Kansas City,

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.