

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034168

FILED VS OCT 13 1960

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 92

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		c. CITY OR TOWN Gladstone	
Length of stay in lb 1 DAY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCleary Hospital		d. STREET ADDRESS (If outside, give location) 6605 N. GRAND	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ARTHUR Middle Le Roy Last Lee			4. DATE OF DEATH Month SEPT Day 7 Year 1960			
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-23-1907	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST	10b. KIND OF BUSINESS OR INDUSTRY T.W.A.	11. BIRTHPLACE (City and state or country) ST. Joseph, MO	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME William Lee	13b. MOTHER'S MAIDEN NAME NANCY EASTMAN	14. NAME OF HUSBAND OR WIFE MARY ELLA LEE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW2	16. SOCIAL SECURITY NO. 495-03-5737	17. INFORMANT MARY ELLA LEE	Address 6605 N. GRAND
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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)	Coronary Occlusion	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Myocarditis	
DUE TO (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)	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
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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.)
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20c. TIME OF INJURY Hour 9-6-60 Month, Day, Year 9-7-60	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 Excelsior Springs Mo.	COUNTY CLAY	STATE MO
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21. I attended the deceased from 8:20 PM to 9:00 PM and last saw him alive on 9 PM 9-7-60
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Death occurred at 8:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE T. D. Henderson M.D.	(Degree or title)	22b. ADDRESS Excelsior Springs Mo.	22c. DATE SIGNED 9/9/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-10-60	23c. NAME OF CEMETERY OR CREMATORY Forest Hill	23d. LOCATION (City, town, or county) KANSAS CITY MO
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24. FUNERAL DIRECTOR D.W. Newcomer	ADDRESS Southern K.C.	25. DATE RECD. BY LOCAL REG. 9-15-60	26. REGISTRAR'S SIGNATURE Barclay Hutchings
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 & T 100 SA

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 John H. Halsbeck

Licensed Embalmer No. 494

P. O. Address No. 2. Kank

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.