

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 19 1960 149

5969 - 60-046199
5969 STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 102 Registrar's No. _____

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | Length of stay in 1b 77 yrs. | c. CITY OR TOWN Kansas City | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5080 Sunset Drive | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 5080 Sunset Drive | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | | |
|--|-------------------------------|---|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Edward Middle Gage Last McLean | | | 4. DATE OF DEATH Month Nov. Day 26 Year 1960 | | | |
| 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 Nov. 12, 1883 | 9. AGE (last birthday) 77 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Lumber Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY Lumber | 11. BIRTHPLACE (City and state or country) Kansas City, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S./A. | |
| 13a. FATHER'S NAME George W. McLean | | 13b. MOTHER'S MAIDEN NAME Jennie Wood | | 14. NAME OF HUSBAND OR WIFE Melisse McLean | | |
| 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. - | 17. INFORMANT Address K. C., Mo. Melisse McLean, 5080 Sunset Dr., | | | |

| | | |
|--|------------------|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) unknown | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | 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) Christian Scientist | | 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 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 _____, to _____, and last saw her/him alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

| | | | | |
|--|---------------------------|---|---|----------------------------------|
| 22a. SIGNATURE H. L. Dwyer md (Degree or title) | | 22b. ADDRESS City Hall Kansas City Mo. | | 22c. DATE SIGNED 11-28-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11-28-60 | 23c. NAME OF CEMETERY OR CREMATORY Elmwood | 23d. LOCATION (City, town, or county) (State) Kansas City, Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo | | 25. DATE RECD. BY LOCAL REG. 11-28-60 | 26. REGISTRAR'S SIGNATURE H. L. Dwyer | |

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF H. L. Dwyer

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Orvil Roberts

Licensed Embalmer No. 423

P. O. Address K. C. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license).

- 2 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.