

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008951

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1241

AMENDED

FILED MAR 29 1961

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP, only) Kansas City Length of stay in 1b 37 YEARS
 c. FULL NAME OF (If not in hospital, give location) General Hosp Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived in institution: Residence before admission)
 a. STATE Mo. b. COUNTY Jackson
 c. CITY & TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2761 1/2 FARBER Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First William R. Middle McCrary 4. DATE OF DEATH Month 3 Day 6 Year 61

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10/6/85 9. AGE (last birthday) 75 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) BULK OIL STATION OPERATOR-PETROLEUM 10b. KIND OF BUSINESS OR INDUSTRY GALLATIN, MISSOURI 11. BIRTHPLACE (City and state or country) U. S. A. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME MERRITT McCRARY 13b. MOTHER'S MAIDEN NAME CYNTHIA WINBURN 14. NAME OF Husband or WIFE MRS. MAE E. McCRARY

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 MRS. NADINE OTT Address 761 JARBOE ST. KANSAS CITY MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Severe Pneumonia
 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) Hypertrophoma of the Left Kidney metastasis
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20. ACCIDENT SUICIDE HOMICIDE 20. 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 NOT WHILE AT WORK 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 2-21-61 to 3-6-61 and last saw him alive on 3-6-61
 Death occurred at 9:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) _____ 22b. ADDRESS 2400 Perry St 22c. DATE SIGNED 3/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE MAR. 9, 1961 23c. NAME OF CEMETERY OR CREMATORY HIGHLAND CEMETERY 23d. LOCATION (City, town, or county) HAMILTON MISSOURI (State)

24. FUNERAL DIRECTOR D.W. NEWCOMER'S ADDRESS 1331 BRUSH CREEK 25. DATE RECD. BY LOCAL REG. 3-9-61 26. REGISTRAR'S SIGNATURE Ruth Long

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Frank Ellis 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chester K Brown

Licensed Embalmer No. 4931

P. O. Address KE MD

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.