

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008955

11445 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1038 STATE FILE NUMBER

AMENDED

FILED MAR 20 1961

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in 1b **Life**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St Mary's Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY **Jackson**

c. CITY OR TOWN **Kansas City** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **124 W 29th St** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **DAVID** Middle **EDWARD** Last **MC ENTEE**

4. DATE OF DEATH Month **February** Day **26** Year **1961**

5. SEX **Male**

6. COLOR OR RACE **White**

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **9/24/1960**

9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
 Months **5** Days **2** Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Infant**

10b. KIND OF BUSINESS OR INDUSTRY **Kansas City Mo**

11. BIRTHPLACE (City and state or country) **Kansas City Mo**

12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Edward Lee McEntee**

13b. MOTHER'S MAIDEN NAME **Ruth Marie Garlock**

14. NAME OF HUSBAND OR WIFE

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 **Edward Lee McEntee** Address **124 W 29th KC 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) **Endocardial fibro-elastosis** INTERVAL BETWEEN ONSET AND DEATH **36 hr**
 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) **—**
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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 NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Kansas City**

20f. CITY, TOWN, OR LOCATION COUNTY **Jackson** STATE **Mo**

21. I attended the deceased from **Feb 21, 1961** to **Feb 26, 1961** and last saw him live on **Feb 26, 1961**
 Death occurred at **11:30 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **J. L. Shireman** (Degree or title) **MD**

22b. ADDRESS **4606 Stephenson**

22c. DATE SIGNED **2-27-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

23b. DATE **Feb 28 61**

23c. NAME OF CEMETERY OR CREMATORY **Mt Olivet Cemetery**

23d. LOCATION (City, town, or county) (State) **Kansas City Missouri**

24. FUNERAL DIRECTOR **Sheil Funeral Home** ADDRESS **Kansas City Mo 2-27-61**

25. DATE RECD. BY LOCAL REG. **2-27-61**

26. REGISTRAR'S SIGNATURE **Ruth Long**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF **J. Shireman**

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 Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address A. C. No.

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.

imposed with a seal. ...
of with a seal and ...