

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4323

State File No. ....

FILED MAR 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 19

2420

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in place) <u>2 mo. 8 days</u>		3258	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>HOSPITAL OF VETERANS Administration Hosp. Excelsior Springs, Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>1731 Olive</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>-</u> c. (Last) <u>Bee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 26, 1952</u>		
---	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>March 29, 1897</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 5 MIN. Min.
--------------------	-------------------------------	--	--	---	------------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Garage</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
---	--	---	--	--	--	--	--

13a. FATHER'S NAME <u>Eugene P. Bee</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Reed</u>		14. NAME OF HUSBAND OR WIFE <u>--</u>			
---	--	---	--	---------------------------------------	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give way or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>513050438</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Hospital Records, Veterans Administration Hospital, Excelsior Springs, Mo.</u>			
--	--	--	--	---	--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Tuberculosis Pulmonary, Chronic active, far advanced, severe, bilateral.</u>				Unknown	
		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
		DUE TO (c) <u>RST</u>					
		II. OTHER SIGNIFICANT CONDITIONS <u>RH</u> Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>--</u>		19b. MAJOR FINDINGS OF OPERATION <u>--</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
----------------------------------	--	--	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>--</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>--</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>--</u>	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>VA -- -- m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>--</u>	
--	--	--	--	--------------------------------------	--

22. I hereby certify that I attended the deceased from Nov. 19, 1951, to Jan. 26, 1952, that I took care of the deceased ~~and that death occurred on~~, and that death occurred at 2:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Bailey</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>1-27-52</u>	
--	--	--	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>V.A. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>WADSWORTH Kansas</u>	
--	--	--------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>1/29/52</u>		REGISTRAR'S SIGNATURE <u>Pauline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>DeMoss GRUNK Co M-ROK, Mo</u>			
---	--	--	--	---	--	--	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RST

PH

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 .....  
Student Embalmer

Signed *Thomas L. Smith* \_\_\_\_\_

Licensed Embalmer No. *2533*

P. O. Address *Barnes 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 this body is not embalmed, fact should be so stated above.