

FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18809**
2243

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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, write RURAL and give township) **Kansas City** c. LENGTH OF STAY (in this place) **Life**
c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Luke's Hospital** 77 STREET ADDRESS (If rural, give location) **6203 Agnes** **3790**

3. NAME OF DECEASED (Type or Print) a. (First) **SETH** b. (Middle) **ALBIA** c. (Last) **McCLURE** 4. DATE OF DEATH (Month) (Day) (Year) **May 24, 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Aug. 3, 1899** 9. AGE (In years last birthday) **55** IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Contractor** 10b. KIND OF BUSINESS OR INDUSTRY **Plumbing** 11. BIRTHPLACE (City and State or Foreign Country) **Kansas City, Kansas** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Marion Lloyd McClure** 13b. MOTHER'S MAIDEN NAME **Martha C. Sappenfield** 14. NAME OF HUSBAND OR WIFE **Naomi G. McClure**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **486-10-6953** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Seth A. McClure, Jr., 6203 Agnes, K.C., Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Arteriosclerosis** INTERVAL BETWEEN ONSET AND DEATH **2 days**
ANTECEDENT CAUSES DUE TO (b) **Hypertension** **10 yrs.**
DUE TO (c) **Hypercholesterolemia** **4 yrs.**
II. OTHER SIGNIFICANT CONDITIONS **II Hypertensive Cardiovascular Disease**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **1952**, to **May 24, 1955**, that I last saw the deceased alive on **May 23, 1955**, and that death occurred at **1:30** m., from the causes and on the date stated above.

23a. SIGNATURE **A. W. Robinson** (Degree or title) **MD** 23b. ADDRESS **4635 Stegerholts K.C. Mo.** 23c. DATE SIGNED **May 24 55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **5-25-55** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park** 24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **5-24-55** REGISTRAR'S SIGNATURE **Neva Minshall** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **STINE & MC CLURE UND. CO. K.C.MO.**

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

Arms, Dodge & Robinson

Exp 1:25 AM

4635 Wyandotte

jr 0552

after 1:30

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 *Elmo D. Tipton*

Licensed Embalmer No. *481*

P. O. Address *Kansas City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.