

FILED SEP 27 1956

STANDARD CERTIFICATE OF DEATH

30634

STATE FILE NUMBER

3916

Registration District No. 149 Primary Registration District 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, give TOWNSHIP only) OR TOWN Kansas City <u>0</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City <u>3158</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center Length of stay in 1b 12 yrs.		d. STREET ADDRESS (If outside, give location) 1409 1/2 Admiral Blvd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Claude Middle LEE Last Clemens			4. DATE OF DEATH Month Sept. Day 3 Year 1956		
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 Sept. 13, 1889	9. AGE (In years last birthday) 66 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY Burd & FLETNER CO		11. BIRTHPLACE (City and state or country) MT. MOUNTAIN MISSOURI	
13. FATHER'S NAME PRESTON A. CLEMENS			14. MOTHER'S MAIDEN NAME LUCINDA HARPER		
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. 491-07-0816		17. INFORMANT MRS. LUELLA CLEMENS Address 1409 1/2 Admiral Blvd. 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) Compur ma (Pelt)		INTERVAL BETWEEN ONSET AND DEATH 126 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchogenic Carcinoma		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <input type="checkbox"/> a. m. <input type="checkbox"/> p. m.		

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 9/3/56 early COUNTY STATE
21. I attended the deceased from 9/3/56 to 9/3/56 and last saw ^{her} him alive on 9/3/56 . Death occurred at 10:20 m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Harold Passman (Degree or title) MD	22b. ADDRESS 701 E 63rd St MO	22c. DATE SIGNED 9/3/56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT-7-1956	23c. NAME OF CEMETERY OR CREMATORY HIGHLAND PARK CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS
24. FUNERAL DIRECTOR O.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 9-6-56	26. REGISTRAR'S SIGNATURE neva minshall	

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Harold Passman

MEDICAL CERTIFICATION

8 100
0961

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *Everett L. Smith*

Licensed Embalmer No. *50*

P. O. Address *K.C.*

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