THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1958

STATE FILE NUMBER 44281

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5956

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION VA HOSPITAL — Length of stay in 1b 40 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1322 E. 16th STREET — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First LEON Middle NONE Last CLEMONS

4. DATE OF DEATH Month December Day 14 Year 1957

5. SEX MALE 6. COLOR OR RACE NEGRO 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH April 20, 1912

9. AGE (In years last birthday) 45 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INTERIOR DECARATOR
10b. KIND OF BUSINESS OR INDUSTRY self employed
11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HENRY CLEMONS
13b. MOTHER'S MAIDEN NAME LAURA Brookins
14. NAME OF HUSBAND OR WIFE ORA LEE Clemons

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 499-07-4740
17. INFORMANT Official Records, VA Hospital, K.C., Mo. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ~~H.C.V.D.~~ Hypertensive Cardiovascular Disease
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 443+
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 [ ] NO [X]

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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I VA attended the deceased from December 8, 1957, to Dec. 14, 1957 and last saw him alive on
Death occurred at 8:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O F Burris (Degree or title) M. D.
22b. ADDRESS VA HOSPITAL, K.C., MO.
22c. DATE SIGNED 12-14-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12-18-57
23c. NAME OF CEMETERY OR CREMATORY National
23d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kans.

24. FUNERAL DIRECTOR Watkins Bros. Funeral Home
ADDRESS 18th & Benton
25. DATE RECD. BY LOCAL REG. 12-17-57
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

O. F. Burris

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Bruce R. Watkin

Licensed Embalmer No. 450

P. O. Address 18th &

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