

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH,

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-020198

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2846

STATE FILE NUMBER

FILED JUN 3 1963

VS 300
Rev. 4/59

1

2 3758a

3

4 0

5 1

6

7 1

8 1

95271H

10

11

12 68-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF DON CARLOS REEBE MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>JACKSON</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, give TOWNSHIP only) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
Length of stay in 1b <u>40 YEARS</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 <u>TRINITY LUTHERAN Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>1539 E. 50th TERRACE</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM HOWARD MCCALL</u>			4. DATE OF DEATH Month Day Year <u>MAY 15 1963</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/4/1901</u>
9. AGE (last birthday) <u>61</u>		10. UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SERVICE MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SEARS-ROEBUCK CO. TOPEKA, KANSAS</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MCCALL</u>		13b. MOTHER'S MAIDEN NAME <u>MAUDE HENDERSON</u>	
14. NAME OF HUSBAND OR WIFE <u>MRS. CLEOLA A. MCCALL</u>		17. INFORMANT <u>1539 E. 50th Address TERRACE, MRS. CLEOLA MCCALL, K.C., Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR II</u>		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Infarction</u> <u>Chronic Emphysema</u> <u>Renal Carcinoma - metastasis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>2 months</u> <u>5 yrs</u> <u>6 months</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> <u>5 yrs</u> <u>6 months</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I <u>metastasis - Peritoneum - Lung - Brain</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. Month, Day, Year	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 COUNTY STATE	
21. I attended the deceased from <u>12-12-61</u> to <u>5-15-63</u> and last saw him ^{here} alive on <u>May 14-1963</u> Death occurred at <u>1:25</u> <u>A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Don Carlos Reebe</u> (Degree or title)		22b. ADDRESS <u>1500 Prof. St. J. St. J.</u>	
22c. DATE SIGNED <u>5-15-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MAY 17 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u>	
23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>			
24. FUNERAL DIRECTOR <u>D.W. NEWCOMERS SONS, K.C., Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-17-63</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth Song</u>			

Dr. Richard W. Swann
1500 Professional Bldg
1:00 - 5:00

24

0-88

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 W. Swann

Licensed Embalmer No. 4889

P. O. Address Lathrop, Mo.

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.