

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023653
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 162

DO NOT WRITE ON THIS STUD AMENDED

FILED JUL 15 1963

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City</u>		Length of stay in 1b <u>17 hrs.</u>	c. CITY OR TOWN <u>Houston Lake, Mo.</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>N. Kans. City Mem. Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside; give location) <u>5428 North Houston Dr.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>LEE</u> Middle <u>HOWARD</u> Last <u>MAYBEE</u>			4. DATE OF DEATH Month <u>July</u> Day <u>6</u> Year <u>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>11/3/96</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u> Hours <u>6</u> Min. <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wholesale Oil Distributor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Oil Co.</u>		11. BIRTHPLACE (City and state or country) <u>La Clede, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Harry E. Maybee</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Robbins</u>	
14. NAME OF HUSBAND OR WIFE <u>Pearl M. Maybee</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW I</u>			
16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT Address <u>Mrs. Pearl M. Maybee - wife</u> <u>5428 N. Houston Dr. N. K.C., Mo.</u>			

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
DUE TO (b) <u>Pulmonary edema</u>		<u>24 hours</u>
DUE TO (c) <u>Coronary occlusion</u>		<u>24 hours</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Bronchitis - diverticulitis of colon</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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>8:50</u> a.m. <u>19</u> Month, Day, Year <u>July 6, 1963</u> 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 <u>Kansas City</u> COUNTY <u>Missouri</u> STATE <u>Missouri</u>
21. I attended the deceased from <u>January 29, 1960</u> to <u>July 6, 1963</u> and last saw him alive on <u>July 5, 1963</u> Death occurred at <u>8:50 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>H. Comer</u> (Degree or title) <u>Dates, M.D.</u>	22b. ADDRESS <u>5140 Anthony Road</u> <u>Kansas City 19, Mo.</u>	22c. DATE SIGNED <u>7/8/63</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/9/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>
23d. LOCATION (City, town, or county) <u>Kansas City</u>		<u>Missouri</u>

24. FUNERAL DIRECTOR <u>Wagner Funeral Home</u> ADDRESS <u>K.C., Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7-8-63</u>	26. REGISTRAR'S SIGNATURE <u>Marquise Hudgens</u>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 ITEM NO. SHOULD READ INSTEAD OF
 DATE AMENDED
 1 6004
 2 0830
 3
 4 0
 5 1
 6
 7 0
 8 2
 9 4201
 10
 11
 12 6-0
 13 2-0
 USE BLACK INK OR TYPEWRITER RIBBON

Ernest B. Bates
5140 Nuttall Rd
1-5
BE 3-2600

JUL 16 1963

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 Alvin R. Hunschold

Licensed Embalmer No: 4159
P. O. Address Holland Coety 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.