

FILED JUN 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19850
State File No. 2362

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) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 29 YEARS		d. STREET ADDRESS (If rural, give location) 737 1/2 NORTH GARLAND AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES CLINTON	b. (Middle) TWEEDY	c. (Last) TWEEDY	4. DATE OF DEATH (Month) (Day) (Year) MAY 29 1949
-------------------------------------	-----------------------------------	---------------------------	-------------------------	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 3 1917	9. AGE (In years last birthday) (Specify) 31 YEARS 9 MO 26
--------------------	-------------------------------	---	------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASSEMBLY LINE GEN. MOTOR BRANCH - DUSTY	10b. KIND OF BUSINESS OR INDUSTRY GEN. MOTOR	11. BIRTHPLACE (State or foreign country) GARLAND KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME E. H. TWEEDY	13b. MOTHER'S MAIDEN NAME FLORA LEE	14. NAME OF HUSBAND OR WIFE MRS. GENEVA TWEEDY
--	--	---

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. 487-10-8417	17. INFORMANT'S SIGNATURE OR NAME Mrs. Geneva Tweedy	ADDRESS 737 1/2 Garland St. Kansas City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) 331 X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION NO	19b. MAJOR FINDINGS OF OPERATION NO	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
----------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	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) NO	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **May 29 1949 to May 29, 1949**, that I last saw the deceased alive on **May 29, 1949** and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. B. Casebolt	M. D. degree or title	23b. ADDRESS 14000 Bathurst K. e. 40	23c. DATE SIGNED 5-29-49
--------------------------------------	-----------------------	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE-1-1949	24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEM	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. 5-31-49	REGISTRAR'S SIGNATURE Stalden Halme	25. FUNERAL DIRECTOR'S SIGNATURE W. Newcomer	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
---	--	---	--

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

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
Student Embalmer

Signed

Just T. News

Licensed Embalmer No. *4453*

P. O. Address *News*

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 this body is not embalmed, fact should be so stated above.