

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

1487

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5368 Registrar's No. 32

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, write RURAL and give township) <u>Blue</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson</u>	
c. LENGTH OF STAY (in this place) <u>67 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>817 S. Huttig</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 817 S. Huttig</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>Carney</u>		c. (Last) <u>Repine</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 27, 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u> (Specify)		8. DATE OF BIRTH <u>Feb. 22, 1875</u>		9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months Day Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Leavenworth, Kansas.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>James K. Repine</u>		13b. MOTHER'S MAIDEN NAME <u>Mary L. Byrnes</u>		14. NAME OF HUSBAND OR WIFE <u>Nettie N. S. Repine</u>	
---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>499 16 9111</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nettie N. S. Repine, Kansas City, Mo.</u>	
--	--	--	--	---	--

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis - 5 years</u> DUE TO (c) <u>Chronic myocarditis - 4 years</u> <u>Arterial hypertension - 1 year</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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)	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 June 1945 to Jan 17, 1950, that I last saw the deceased alive on Jan 17, 1950, and that death occurred at 7:02 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	23b. ADDRESS <u>10729 Independence Pk. E.</u>	23c. DATE SIGNED <u>1/30/50</u>
-----------------------------------	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Jan. 31, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City 3, Mo.</u>
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Jan 28 1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Independence, Mo.</u>
---	--	---	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0480  
1

FEB 1 RECD

---

---

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 *R. A. Lisle* .....

Licensed Embalmer No. *4123* .....

P. O. Address *Independence, 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 this body is not embalmed, fact should be so stated above.