

FILED APR 19 1950

STANDARD CERTIFICATE OF DEATH

State File No. **13394**

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>62</u>		
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 OR TOWN <u>Rural Prairie</u>		c. LENGTH OF STAY (in this place) <u>53 yrs</u>		c. CITY OR TOWN <u>Independence, Mo.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Em. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>43rd & Pittman Rd.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lyle</u> b. (Middle) <u>A</u> c. (Last) <u>Black</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 3, 1950</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>		8. DATE OF BIRTH <u>Oct. 25, 1857</u>		
9. AGE (in years last birthday) <u>92</u>		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) <u>Retired Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Food products</u>		11. BIRTHPLACE (State or foreign country) <u>Canton, Ills.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unknown, Black</u>			13b. MOTHER'S MAIDEN NAME <u>Deby Ann Bogardis</u>			14. NAME OF HUSBAND OR WIFE <u>Gertrude F. Black (deceased)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Fred G. Vogel, Independence, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>331x</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at <u>5:30P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Frank E. Johnson MD</u> (Degree or title)			23b. ADDRESS <u>Independence Mo</u>			23c. DATE SIGNED <u>4-5-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Apr. 5, 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>Apr. 5, 1950</u>		REGISTRAR'S SIGNATURE <u>Donald C. Carson</u> 378		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Carson</u>		ADDRESS <u>Independence, Mo.</u>		

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

0480
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0484
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APR 14 1950

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 Donald W. Hauke

Licensed Embalmer No. 4528

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.