

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20295
Registrar's No. 2505

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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) 7 yrs.		d. STREET ADDRESS (If rural, give location) 305 No. Lawndale	
d. FULL NAME OF HOSPITAL OR INSTITUTION 812 Benton			
3. NAME OF DECEASED (Type or Print) a. (First) Charley		b. (Middle) Luther	
c. (Last) Kast		4. DATE OF DEATH (Month) (Day) (Year) June 5 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 19, 1869
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	
11. BIRTHPLACE (State or foreign country) Bridgescreek, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Dolly Kast		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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glenn Colliver - 305 N. Lawndale	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial decompensation			INTERVAL BETWEEN ONSET AND DEATH 1 week
*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.			
II. ANTECEDENT CAUSES (b) Myocarditis with arterial sclerosis			yrs.
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c)			
III. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			42
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 May 17, 1950 , to May 31, 1950 , that I last saw the deceased alive on May 31, 1950 , and that death occurred at 8:15 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Thos. C. Mc Hale (Degree or title)		23b. ADDRESS 4620 Independence Ave.	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-5-50	24c. NAME OF CEMETERY OR CREMATORY Hale Cemetery	24d. LOCATION (City, town, or county) (State) Hale, Missouri
DATE REC'D BY LOCAL REG. 6-5-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Frank E. Slater	ADDRESS Hale, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterial sclerosis			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.			
II. ANTECEDENT CAUSES (b) new record 6-2-50			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c)			
III. 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)	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-5-50	24c. NAME OF CEMETERY OR CREMATORY Hale Cemetery	24d. LOCATION (City, town, or county) (State) Hale, Missouri
DATE REC'D BY LOCAL REG. 6-5-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Frank E. Slater	ADDRESS Hale, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

working under my personal supervision.

Student Embalmer No.

Signed

Signed
Student Embalmer

Licensed Embalmer No.

P. O. Address

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.

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

working under my personal supervision.

Student Embalmer No.

Signed *Frank E. Slater*

Student
Student Embalmer

Licensed Embalmer No. *937*

P. O. Address *216 No.*

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.