

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30768

State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 6572 Registrar's No. 164

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 Lake Lotawana	c. LENGTH OF STAY (In this place) 2 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lake Lotawana	6480
d. FULL NAME OF HOSPITAL OR INSTITUTION T-71		d. STREET ADDRESS (If rural, give location) T-71	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Mathis c. (Last) Dwyer			4. DATE OF DEATH (Month) (Day) (Year) Sept. 9th 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mch. 21- 1882	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 5 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman		10b. KIND OF BUSINESS OR INDUSTRY Printer Co.		11. BIRTHPLACE (State or foreign country) Kansas City Mo.	

13a. FATHER'S NAME Vincent Dwyer	13b. MOTHER'S MAIDEN NAME Margaret Corman	14. NAME OF HUSBAND OR WIFE Mrs. Nona Dwyer
---	--	--

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. 499-18-1000	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nona Dwyer, T 71, Lake Lotawana
--	--	---

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day 1 yr 4201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary edema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c)		
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 July 1, 1949 to Sept. 9, 1950 that I last saw the deceased alive on Sept. 9, 1950 and that death occurred at 11:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clint R. Miller M.D.	23b. ADDRESS Peers Summit 2nd	23c. DATE SIGNED 9-11-50
--	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 12-1950	24c. NAME OF CEMETERY OR CREMATORY Maple Hill	24d. LOCATION (City, town, or county) (State) Kansas City Kansas
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. 9-11-50	REGISTRAR'S SIGNATURE Donald C. Emshauer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mo. Mrs. C.L. Forster, Funeral Home Kansas City
---	---	---

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

SEP 27 RECD

SEP 28 1950

9 A.M. Monday
8 W 3rd St

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 *P. Dean Owens*

Signed.....
Student Embalmer

Licensed Embalmer No. 4280

P. O. Address W. C. 7th 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.