

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23312

State File No. _____

FILED AUG 7 1951

0485

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

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>280</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 (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		3078	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanatorium</u>				d. STREET ADDRESS (If rural, give location) <u>414 So HARDESTY</u>			
3. NAME OF DECEASED (Type or Print) <u>CHARLES</u>		a. (First)		b. (Middle) <u>H.</u>		c. (Last) <u>HENRY</u>	
4. DATE OF DEATH <u>July-28-51</u>		(Month)		(Day)		(Year)	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>7-11-1885</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PIPE FITTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MILWAUKEE RR</u>		11. BIRTHPLACE (State or foreign country) <u>IRWIN PA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>JACOB HENRY</u>		13b. MOTHER'S MAIDEN NAME <u>ISABELLE HAMILTON</u>		14. NAME OF HUSBAND OR WIFE <u>EDNA M. ELOY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>707-10-8650</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edna Henry R.C. No</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE INTESTINAL OBSTRUCTION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>FIBROUS CONGENITAL PERITONEAL BANDS</u> DUE TO (c) <u>TORSION LOOP OF TERMINAL ILEUM</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>5703</u>			
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 <u>7-22</u> , 19 <u>51</u> , to <u>7-28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-28</u> , 19 <u>51</u> , and that death occurred at <u>10:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W.R. McPherson M.D.</u>				23b. ADDRESS <u>4519 SALEM ST APT 203 KC</u>		23c. DATE SIGNED <u>7-28-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-31-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill Burial Home Kansas City Kansas</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>July 31-1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u>			

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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 *J. C. Sher*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *3625*.....

P. O. Address *K. G. 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.