

FILED JUL 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23335

BIRTH NO.		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 4239		Registrar's No. 96			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit		c. LENGTH OF STAY (in this place) 15 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit		0.481			
d. FULL NAME OF HOSPITAL OR INSTITUTION 227 So Main Street				d. STREET ADDRESS (If rural, give location) 101 Monroe Street					
3. NAME OF DECEASED (Type or Print) a. (First) Clyde			b. (Middle) -----			c. (Last) Charles			
4. DATE OF DEATH (Month) (Day) (Year) 7/16/1951									
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 13 1883			
9. AGE (In years last birthday) 68		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) Cleaning & Pressing			10b. KIND OF BUSINESS OR INDUSTRY Cleaning Shop		11. BIRTHPLACE (State or foreign country) Blue Mound Kansas		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Andrew J. Charles			13b. MOTHER'S MAIDEN NAME Coffelt			14. NAME OF HUSBAND OR WIFE Orlie Charles			
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 Mrs Orlie Charles Lee's Summit Mo.					
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>Coronary Occlusion</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</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 6 wks.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201						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) (Min.)		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 10, 1957, to July 16, 1957, that I last saw the deceased alive on July 16, 1957, and that death occurred at 8:00 p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>G.R. Jenkins</u> (Degree or title)				23b. ADDRESS <u>D.O. Lee's Summit Mo</u>		23c. DATE SIGNED 7-17-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/18/1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Kansas City Mo.			
DATE REC'D BY LOCAL REG. 10/27/57		REGISTRAR'S SIGNATURE <u>Donald C. Eamshaw</u>		378 EMERALD DIRECTOR'S SIGNATURE <u>D. Brangford</u>		ADDRESS Lee's Summit Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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JUL 26 RECEIVED

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 *W. B. Langford* _____

Licensed Embalmer No. 3833

P. O. Address Lee's Summit 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.