

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43999**  
**5417**

FILED JAN 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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) OR TOWN <u>Kansas City A</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (in this place) <u>30 min</u>		d. STREET ADDRESS (If rural, give location) <u>305 N Chrysler</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northeast Osteopathic</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Francis</u> c. (Last) <u>Hare</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 16 1951</u>
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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>April 21, 1884</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR: Months <u>9</u> Days <u>26</u>	IF UNDER 10 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Asst Postmaster</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Walter Hare</u>	13b. MOTHER'S MAIDEN NAME <u>Lula May Crooks</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Hare</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. UNDERSIGNED'S SIGNATURE OR NAME <u>Margaret Hare</u>	ADDRESS <u>305 N. Chrysler</u>
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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, ashenia, etc. It means the direct injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute left myocardial decompensation</u>		
	DUE TO (c) <u>probable coronary sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypostatic pneumonia 1 hr</u>			

19a. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT OR SUICIDE (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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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?
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22. I hereby certify that I attended the deceased from 12-7-51 to 12-16-51 that I last saw the deceased alive on 12-16-51, and that death occurred at 7:20 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>M. W. Whitstone</u> (Degree or title)	23b. ADDRESS <u>Independence MO</u>	23c. DATE SIGNED <u>12-16-51</u>
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24a. BURIAL, CREMA: TION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 18 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Independence, Mo</u>
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DATE REC'D BY LOCAL REG: <u>12-17-51</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	PUNERAL DIRECTOR'S SIGNATURE <u>Dillon L. Kephart</u>	ADDRESS <u>Indep</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12-27-51  
12-27-51  
12-27-51

Chas  
Arlall #9

cl 8630

86606

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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 \_\_\_\_\_

*Dixon L. Tepley*

Signed .....  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*Indep, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Jackson } SS.

State File No. 4399901  
Local Registrar's No. 5417

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 25 day of February, 1952, before me appears Katherine Margaret Hare, who, upon her oath, states that the original record of <sup>birth</sup> death for Charles Francis Hare <sup>died</sup> December 16, 1951, in the State of Missouri, and which was filed at Kansas City <sup>born</sup> on 12-17, 1951, should be corrected as follows:

- Item No. 14 should read Katherine Margaret Hare  
Instead of margaret Hare
- Item No. 17 should read Katherine Margaret Hare  
Instead of margaret Hare
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
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Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Katherine Margaret Hare Relationship wife  
305 N. Cryster, Indep. Mo. Present Address.

Subscribed and sworn to before me this 25<sup>th</sup> day of February, 1952

My Commission expires Oct. 21, 1955 Carrie M. Ruppelius Notary Public.