

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42246**
5346
Registrar's No.

DEC 20 1952

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 Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Bethel Kansas	
c. LENGTH OF STAY (In this place) 1 wk		d. STREET ADDRESS (If rural, give location) 8935 Parallel Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hos.			

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Edward	c. (Last) Earhardt	4. DATE OF DEATH (Month) 12 (Day) 5 (Year) 52
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-20-91	9. AGE (In years last birthday) 61	# UNDER 1 YEAR Months 9 Days 15	# UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) night watchman	10b. KIND OF BUSINESS OR INDUSTRY manufacturing Co.	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Jessie May Earhardt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 513-09-1506	17. INFORMANT'S SIGNATURE OR NAME Jessie May Earhardt	ADDRESS 8935 Parallel Rd.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 610
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) due to embolic phenomena DUE TO (c) thrombophlebitis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 12-3-52	19b. MAJOR FINDINGS OF OPERATION benign prostatic hypertrophy	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **10-27-52**, 19**52**, to **12-3-52**, 19**52**, that I last saw the deceased alive on **12-3-52**, 19**52**, and that death occurred at **P** m., from the causes and on the date stated above.

23a. SIGNATURE M. M. Snedeker DO (Degree or title)	23b. ADDRESS 7548 Leavenworth Rd Bethel, Kansas	23c. DATE SIGNED 12-7-52
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24a. BURIAL CREMATION, REMOVAL (Specify) burial	24b. DATE 12-8-52	24c. NAME OF CEMETERY OR CREMATORY Chapel Hill Mem Gardens	24d. LOCATION (City, town, or county) (State) Bethel Kansas
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DATE REC'D BY LOCAL REG. 12-8-52	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Warnick-Custer-Eads KCK	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

M. M. Swisher

Signed.....
Student Embalmer

Licensed Embalmer No. 3505

P. O. Address W. C. Krause

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.