

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4592

State File No.

FILED JAN 20 1953

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY <u>Kernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wash. Township</u>		c. LENGTH OF STAY (In this place) <u>3 years 11 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 3108</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>				d. STREET ADDRESS (If rural, give location) <u>511 Maple Blvd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>None</u>		c. (Last) <u>Cleary</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 13 1953</u>	
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>Nov 15 - 1906</u>	
9. AGE (In years last birthday) <u>46</u>		10. MONTHS <u>2</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Contractor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Martin Cleary</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Hoffman</u>			14. NAME OF HUSBAND OR WIFE <u>Jessie Cleary</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-16-6336</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital # 3</u>		ADDRESS	
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>General Paralysis of the insane</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>025X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
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 <u>July 2, 1951</u> , to <u>Jan 13, 1953</u> , that I last saw the deceased alive on <u>Jan 13, 1953</u> , and that death occurred at <u>10:55 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>George Wheeler Wilson M.D.</u> (Degree or title)				23b. ADDRESS <u>State Hospital # 3 Mo</u>		23c. DATE SIGNED <u>1-13-1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 16, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olive</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-13-1953</u>		REGISTRAR'S SIGNATURE <u>Erma E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Assunta Bros</u>		ADDRESS <u>Mo</u>	

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

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FEB 4 1954

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
Student Embalmer

Student Embalmer No. _____

Signed

Leonard C. Cassentino

Licensed Embalmer No. 4554

P. O. Address Ke, 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.