

No. 30
10-48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6481**

FILED FEB 25 1953
BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **5572** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Prairie Rural		c. CITY (If outside corporate limits, write RURAL and give township) Greenwood	
c. LENGTH OF STAY (in this place) 28 hrs.		d. STREET ADDRESS (If rural, give location) town	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital			

3. NAME OF DECEASED (Type or Print) Charles		a. (First) Samon		c. (Last) House		4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug 13-1870		9. AGE (In years last birthday) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor		10b. KIND OF BUSINESS OR INDUSTRY Greenhouse		11. BIRTHPLACE (City and State or Foreign Country) Greenville Ill		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Allen House		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Adis House	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Char House & Raytown mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) anemia			INTERVAL BETWEEN ONSET AND DEATH

II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Nephrosclerosis			
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				446X	
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 **2-11-53**, 19___, to **2-12-53**, 19___, that I last saw the deceased alive on **2-12-53**, 19___, and that death occurred at **8:15P m.**, from the causes and on the date stated above.

23a. SIGNATURE Ernest R. Ryan, M.D. (Degree or title)		23b. ADDRESS 1032 Prop. Bldg.		23c. DATE SIGNED 2/12/53	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE 2/15/53		24c. NAME OF CEMETERY OR CREMATORY Greenwood	
				24d. LOCATION (City, town, or county) (State) Greenwood mo	

DATE REC'D BY LOCAL REG. 2-14-1953		REGISTRAR'S SIGNATURE D.B. Langford		25. FUNERAL DIRECTOR'S SIGNATURE D.B. Langford ADDRESS Deis Summit mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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(Licensed Embalmer's Statement on Reverse Side)

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 *B. J. Lindley*
Licensed Embalmer No. *4822*

P. O. Address *Leve Summit*

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.