

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

1455

FILED APR 9 1953

BIRTH NO. _____

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1002

Registrar's No.

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 township)

OR
TOWN Kansas City

c. LENGTH OF STAY (in this place)

55 yrs.

c. CITY OR TOWN

Kansas City

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION

General Hospital No. 1

e. STREET ADDRESS

(If rural, give location)
306 W. 17

3288

3. NAME OF DECEASED (Type or Print)

a. (First)

Charles

b. (Middle)

S.

c. (Last)

Emmett

4. DATE OF DEATH

(Month)

3

(Day)

12

(Year)

53

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

OCT. 10, 1880

9. AGE (in years last birthday)

72

IF UNDER 1 YEAR

Months

Days

IF UNDER 4 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BAKER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)

REED CITY, MICHIGAN

12. CITIZEN OF WHAT COUNTRY?

USA.

13a. FATHER'S NAME

JOSEPH J. EMMETT

13b. MOTHER'S MAIDEN NAME

FRANCES M. CLEVELAND

14. NAME OF HUSBAND OR WIFE

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

510-03-7670

17. INFORMANT'S SIGNATURE OR NAME

SILAS W. EMMETT, KANSAS CITY, MO.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Uremia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Bilateral hydronephrosis

DUE TO (c)

Prostate hypertrophy

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

610X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1953, to March 12, 1953, that I last saw the deceased alive on March 12, 1953 and that death occurred at 3:10A m., from the causes and on the date stated above.

23a. SIGNATURE

B.I. Burns

(Degree or title)

MD

23b. ADDRESS

24th & Cherry

23c. DATE SIGNED

3-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24b. DATE

MAR. 14, 1953

24c. NAME OF CEMETERY OR CREMATORY

MOUNT MORIAH

24d. LOCATION (City, town, or county)

KANSAS CITY, MO.

(State)

DATE REC'D BY LOCAL REG.

3-12-53

REGISTRAR'S SIGNATURE

Seraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE

Geo. C. Carson

ADDRESS

Indep. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

B. C. ...

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.....
Signature of Student Embalmer

Signed..... *Tom D. Markland*

Licensed Embalmer No. *459*

P. O. Address *Indep.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.