

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

14093

State File No.

1760

FILED APR 16 1953

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>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>NO YES</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas</u> <u>313.8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>514 E 9th St</u>		d. STREET ADDRESS (If rural, give location) <u>13 514 E 9th St</u>	

3. NAME OF DECEASED (Type or Print) <u>BENJAMIN E CHARLES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-29-1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>2-8-1883</u>		9. AGE (In years last birthday) <u>70</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hotel Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Barren County, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>Thomas S. Charles</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Marie Sides</u>	14. NAME OF HUSBAND OR WIFE _____
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>487-07-4376</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Miller Long Beach Calif</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arteriosclerosis Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4200</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.		

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) <u>Natural</u>	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title)	23b. ADDRESS <u>1334 Piatt Bldg</u>	23c. DATE SIGNED <u>3-30-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-1-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Washington</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>		

DATE REC'D BY LOCAL REG. <u>3-31-53</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>Correntino Bess</u>	ADDRESS <u>KE MO</u>
--	---	---	-----------------------------

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

608

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.....
Student Embalmer

Signed

John R. Sidman

Licensed Embalmer No. *4531*

P. O. Address *Kansas City,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.