

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

State File No. **14161**  
**1864**

FILED **APR 25 1953** BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b> <span style="float:right">8/50</span>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>2 Weeks</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <del>#####</del> <b>Bethel</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>6639 Parallel Road</b>			
<b>3. NAME OF DECEASED</b> a. (First) <b>Leon</b> b. (Middle) <b>F.</b> c. (Last) <b>Fales</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>April 6 1953</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Feb. 12-1892</b>		
<b>9. AGE</b> (in years last birthday) <b>61</b>		# UNDER 1 YEAR Months: _____ Days: _____	# UNDER 100 Hrs. Hours: _____ Mts.: _____		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Pressman Kansas City Star</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Lamona Iowa</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Don't Know</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Anna Conroy</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mrs. Edith Fales</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>486-10-4174</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Edith Fales, Bethel, Kansas</b>		
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cancer of Bladder</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Multiple Metas</b> DUE TO (c) <b>St. Lung &amp; Liver</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 yr.</b>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Uremia</b>		<b>181K</b>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>3-24</u>, 19<u>53</u>, to <u>4-6</u>, 19<u>53</u>, that I last saw the deceased alive on <u>April 6</u>, 19<u>53</u>, and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> <b>Wm. A. Staggs</b> (Degree or title) <b>MD</b>		<b>23b. ADDRESS</b> <b>Kansas City, Missouri</b>		<b>23c. DATE SIGNED</b> <b>4/7/53</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b> <b>April 8, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mt. Calvary Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Kansas City, Kansas</b>		
<b>DATE REC'D BY LOCAL REG.</b> <b>4-7-53</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Geraldine Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Joseph A. Butler's Sons, Kansas City, Kansas</b>		

**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 \_\_\_\_\_

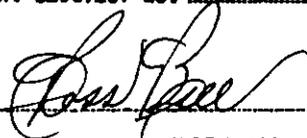
Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 3624 Missouri

P. O. Address Kansas City 2, Kansas

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.