

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

State File No. **36185**
Registrar's No. **388**

FILED OCT 19 1953

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>	
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)		
a. COUNTY <u>Jackson</u>			a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. LENGTH OF STAY (In this place) <u>37 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		<u>7005</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1527 Hardy</u>			d. STREET ADDRESS (If rural, give location) <u>1527 Hardy</u>		
3. NAME OF DECEASED			4. DATE OF DEATH		(Month) (Day) (Year)
a. (First) <u>Charles</u>			b. (Middle) <u>H.</u>		c. (Last) <u>LORING</u>
(Type or Print)			<u>Oct.</u>		<u>11</u> <u>1953</u>
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years last birthday)
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Aug. 25, 1916</u>		<u>37</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?
<u>Machinist</u>		<u>Bendix Corp.</u>	<u>Jackson County, Missouri</u>		<u>USA</u>
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
<u>Charles E. Loring</u>		<u>Maude Petrie</u>		<u>Annabelle L. Loring</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME		
<u>Yes</u>		<u>War II</u>	<u>496-01-3936</u>	<u>Annabelle Loring, 1527 Hardy</u>	
					<u>Indep. Mo.</u>
18. CAUSE OF DEATH			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		<u>6 hours</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES		
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
			DUE TO (b) <u>Coronary Arteriosclerosis</u>		<u>5 years</u>
			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?
					<u>4.201</u> YES <input checked="" type="checkbox"/> NO <input 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		21f. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>April 1951</u>, to <u>Oct. 11, 1953</u>, that I last saw the deceased alive on <u>Aug. 17, 1953</u>, and that death occurred at <u>6:30 a.m.</u>, from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title)			23b. ADDRESS		23c. DATE SIGNED
<u>Shost. Grasse, M.D.</u>			<u>Independence, Mo.</u>		<u>10/11/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)
<u>Burial</u>		<u>Oct. 13, 1953</u>	<u>Floral Hills Cemetery</u>		<u>Kansas City, Missouri.</u>
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE	
<u>Oct. 12-53</u>		<u>[Signature]</u>		<u>Geo. C. Carson</u>	
				<u>Geo. C. Carson Funeral Home, Indep. Mo.</u>	

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

VS DEC 23 1950

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

Dean W. Huff

Licensed Embalmer No. *4914*

P. O. Address *Independence, Mo*

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.