

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38952**
5203

FILED NOV 19 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 Bates | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (In this place) 192 days | c. CITY OR TOWN Rich Hill | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL | | | e. STREET ADDRESS (If rural, give location) unknown | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Earl b. (Middle) M c. (Last) BLACK | | | 4. DATE OF DEATH (Month) (Day) (Year) November 1 1953 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3 | 8. DATE OF BIRTH February 2, 1909 | 9. AGE (In years last birthday) 44 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 10b. KIND OF BUSINESS OR INDUSTRY farming | 11. BIRTHPLACE (City and State or Foreign Country) Butler, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME Grant Black | | 13b. MOTHER'S MAIDEN NAME Nettie Jackson | | 14. NAME OF HUSBAND OR WIFE Unknown | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-2 | 16. SOCIAL SECURITY NO. 720-12-3539 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Official Records, VA Hospital, K.C. Mo. | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute bronchopneumonia | | | | INTERVAL BETWEEN ONSET AND DEATH 1 day |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | 491X |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Progressive muscular atrophy | | | | 3 years |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? 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) (Minute) | 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 November 1, 1953 , to November 1, 1953 , and that death occurred at 9:15 a. m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Richard C. Schaffer, M.D. | | | 23b. ADDRESS VA Hospital, Kansas City, Mo. | | 23c. DATE SIGNED 11/2/53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE Nov. 2, 1953 | 24c. NAME OF CEMETERY OR CREMATORY - | 24d. LOCATION (City, town, or county) (State) BUTLER MISSOURI | | |
| DATE REC'D BY LOCAL REG. 11-3-53 | REGISTRAR'S SIGNATURE Seraldine Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Newcome, Inc. 1331 BRUSH CREEK KANSAS CITY, MO. | | |

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

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.....
Licensed Embalmer No. 418

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