

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43330**

FILED **JAN 8 1954**

BIRTH NO. _____ REG. DIST. NO. **154** PRIMARY REG. DIST. NO. **5575** Registrar's No. **5**

7000

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

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 OR TOWN Rural Kansas City Mo		c. LENGTH OF STAY (In this place) 30 yrs	c. CITY OR TOWN Rural Kansas city mo		d. STREET ADDRESS (If rural, give location) 9311 Walnut St
d. FULL NAME OF HOSPITAL OR INSTITUTION 9311 Walnut St			d. STREET ADDRESS (If rural, give location) 9311 Walnut St		
3. NAME OF DECEASED a. (First) Mr Charles Clifford (Type or Print)			b. (Middle) Paddock	c. (Last) Paddock	4. DATE OF DEATH (Month) (Day) (Year) 12-24-1953
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1-11-1883	9. AGE (In years last birthday) 71	10. MONTHS -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY owner	11. BIRTHPLACE (City and State or Foreign Country) Uxbridge Mass. U.S.A		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Charles Paddock		13b. MOTHER'S MAIDEN NAME Louis Bacon	14. NAME OF HUSBAND OR WIFE Ethel A Paddock		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 4	16. SOCIAL SECURITY NO. 4	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel Paddock 9311 Walnut KCMO			
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Causes of death unknown 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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 7955			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 (Degree or title) Charles Paddock			23b. ADDRESS 4050 Broadway St		23c. DATE SIGNED 12-24-53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12-26-53	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Kansas City MO		
DATE REC'D BY LOCAL REG. 12/24/53	REGISTRAR'S SIGNATURE Arthur J. ...	25. FUNERAL DIRECTOR'S SIGNATURE France-Wornall Funeral Home	ADDRESS K.C. MO		

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

Russell W. Lawrence

Licensed Embalmer No. *4255*

P. O. Address *K. C. Mo*

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.