

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4772

FILED FEB 18 1954

State File No. ....

540

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>36 yrs.</u>		a. STATE <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>36 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		b. COUNTY <u>Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5007 East 8th</u>				e. STREET ADDRESS (If rural, give location) <u>5007 East 8th</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>RILEY</u>		c. (Last) <u>CHARLES</u>	
4. DATE OF DEATH		(Month) (Day) (Year)		<u>Feb. - 1 - 1954</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. - 25 - 1877</u>	9. AGE (In years last birthday) <u>76</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 18 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Work Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ammer Packing Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Balerno, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Charles</u>		13b. MOTHER'S MARDEN NAME <u>Elinzabeth Kelley</u>		14. NAME OF HUSBAND OR WIFE <u>Verna M. Charles</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>510-05-4318</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John V. Charles 2700 Blue Ridge</u>			
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, asphemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				<u>1 yr.</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u>				<u>4 yrs.</u>	
		DUE TO (c) <u>Chronic Myocarditis.</u>				<u>5 yrs.</u>	
		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)			
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 <u>Dec</u> , 19 <u>53</u> , to <u>2-1</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Jan 15</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter Cummins</u>				23b. ADDRESS <u>7620 Independence</u>		23c. DATE SIGNED <u>2-2-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 4 - 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Maunch Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-3-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.H. Blackman Son Inc.</u>			

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

H.E. Mo

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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 *W.C. Rinne*.....

Licensed Embalmer No. *487*.....

P. O. Address *R.C., Miss*.....

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.