

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

State File No. **4823**  
Registrar's No. **642**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

<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>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>12 YEARS</b>		e. STREET ADDRESS (If rural, give location) <b>3538 3705 TRACY AVENUE</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>ST. LUKES HOSPITAL</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>CHARLES</b>	b. (Middle) <b>ROY</b>	c. (Last) <b>FIELDS SR.</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>FEB. 8 - 1954</b>
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<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 1</b>	<b>8. DATE OF BIRTH</b> <b>MAY 20 - 1889</b>	<b>9. AGE</b> (In years last birthday) <b>64</b>	<b>10. UNDER 1 YEAR</b> Months Days	<b>11. UNDER 2 RES.</b> Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>LUMBERMAN</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>KING LUMBER CO</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>COLLINS, MISSOURI</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>JOHN T. FIELDS</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>ISABELLE COFFEY</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>MRS. LULU MAY FIELDS</b>
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<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>487-10-6449</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. LULU MAY FIELDS</b>	<b>ADDRESS</b> <b>3705 TRACY AVE. KANSAS CITY, MO.</b>
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<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>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Acute Left Ventricular Failure</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 hours</b>
	*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>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Hypertension in Heart Disease</b> <b>DUE TO (c) Coronary Sclerosis</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<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"/>
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<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>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** 12/5, 1953 **to** 2/8, 1954, **that I last saw the deceased alive on** 7/8, 1954, **and that death occurred at** 10:30 P.M., **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Richard L. Lehner</b> (Degree or title) <b>MD</b>	<b>23b. ADDRESS</b> <b>1102 Grand Kansas City</b>	<b>23c. DATE SIGNED</b>
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<b>24a. BURIAL CREMATION REMOVAL</b> (Specify) <b>BURIAL</b>	<b>24b. DATE</b> <b>FEB. 11 - 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>OSCEOLA CEMETERY</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>OSCEOLA MISSOURI</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>2-10-54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Suzaldine Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>DR. Newcomer's Sons</b>	<b>ADDRESS</b> <b>1331 BRUSH CREEK KANSAS CITY MO.</b>
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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 *John B. Lewis*.....  
Licensed Embalmer No. *4878*

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