

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

9283

State File No.

BIRTH NO. **FILED MAR 23 1954** REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5655** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) Mt. Vernon		c. LENGTH OF STAY (In this place) 1739 days		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium				e. STREET ADDRESS (If rural, give location) 2326 Hardesty				
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) William c. (Last) Maloney			4. DATE OF DEATH (Month) (Day) (Year) March 16, 1954					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH August 29, 1923		
9. AGE (In years last birthday) 30		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Plumbing & Heating		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward Joseph Maloney			13b. MOTHER'S MAIDEN NAME Hazel Marie Cooley			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 500-14-0990		17. INFORMANT'S SIGNATURE OR NAME ADDRESS San. records, Mo. State San., Mt. Vernon, 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, ashenia, 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) Pulmonary tuberculosis abt. 8 years				
				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) 002 X				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>6 - 10 - 1949</u>, to <u>3 - 16 - 1954</u>, that I last saw the deceased alive on <u>3 - 16 - 1954</u>, and that death occurred at <u>10:30 p. m.</u>, from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) C. O. Brasher M.D.				23b. ADDRESS Mt. Vernon, Mo.		23c. DATE SIGNED 3-17-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-17-54	24c. NAME OF CEMETERY OR CREMATORY KANSAS CITY		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 3-17-54		REGISTRAR'S SIGNATURE Cecil Hendricks			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. W. Carr			

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

No. 300
10-48

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APR 22 1958

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 *Geo B Orr*

Licensed Embalmer No. *9488*

P. O. Address *Mr. Verno*

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.