

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30539
State File No. 4315

State File No. 4315

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 Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 22 years		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hazelwood Nursing Home 2231 Regent		f. STREET ADDRESS (If rural, give location) 1104 Norton 2198	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) N. c. (Last) David			4. DATE OF DEATH (Month) (Day) (Year) Sept 8 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug 21 1886		9. AGE (In years) (If under 1 year last birthday) 68		10. IF UNDER 1 YEAR Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (City and State or Foreign Country) Monroe County Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Unknown David		13b. MOTHER'S MAIDEN NAME Lydia McCormick		14. NAME OF HUSBAND OR WIFE Cord David	
----------------------------------	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-01-3026		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Cord David - 1104 Norton KC Mo	
---	--	-------------------------------------	--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism acute				INTERVAL BETWEEN ONSET AND DEATH 1 day	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Coronic Dec. 1953 - Feb. 1954 Malnutrition from stroke DUE TO (c) Obstruction of coronary arteries 2 yrs				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson Disease 52 yrs 5 yrs	

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)		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 Jan 1954, to 9-8, 1954, that I last saw the deceased alive on 9-4, 1954 and that death occurred at 4:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. M. Daugherty M.D. (Degree or title)		23b. ADDRESS 3401 E 12th KC Mo		23c. DATE SIGNED 9-9-54	
---	--	--------------------------------	--	-------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 10, 1954		24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
--	--	-------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 9-9-54		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Hills Funeral Home - 2315 Linwood	
---------------------------------	--	-------------------------------------	--	--	--

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

12:30 - 5:30
124922

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 *Chas E. Wilks*

Licensed Embalmer No. *264*

P. O. Address *112 4th*

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.