

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **588**

FILED FEB 24 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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) **Kansas City**

c. CITY OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **3147 Central**

STREET ADDRESS (If rural, give location) **3147 Central**

3. NAME OF DECEASED (Type or Print)  
a. (First) **ADOLPH** b. (Middle) **G.** c. (Last) **CHARAY**

4. DATE OF DEATH (Month) (Day) (Year)  
**2 7 55**

5. SEX **Ma**

6. COLOR OR RACE **Wh**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**Married**

8. DATE OF BIRTH **11-5-1901**

9. AGE (In years last birthday) **55**  
IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Steam Fitter**

10b. KIND OF BUSINESS OR INDUSTRY  
**Packing Plant**

11. BIRTHPLACE (City and State or Foreign Country)  
**Sanderson, Texas**

12. CITIZEN OF WHAT COUNTRY?  
**U.S.A.**

13a. FATHER'S NAME  
**Adolph Charay**

13b. MOTHER'S MAIDEN NAME  
**Mary J. Galvan**

14. NAME OF HUSBAND OR WIFE  
**Grace Charay**

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.  
**510-07-3369**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Grace Charay, 3147 Central, K.C. 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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
**Myocardial Infarction**  
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.

INTERVAL BETWEEN ONSET AND DEATH  
**4201**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)  
**Natural**

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  NOT WHILE AT WORK

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 **9:00 P** m., from the causes and on the date stated above.

23a. SIGNATURE **Hugh H. Owens** (Degree or title)  
**Hugh H. Owens Coroner**

23b. ADDRESS  
**1034 Realty Bldg**

23c. DATE SIGNED  
**2-8-55**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24b. DATE  
**2-10-55**

24c. NAME OF CEMETERY OR CREMATORY  
**Mt. Olivet**

24d. LOCATION (City, town, or county) (State)  
**Kansas City, Mo.**

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE  
**2-9-55 Neve Minshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**Wagner Funeral Home, K C Mo.**

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 *A. R. Hauschild*

Licensed Embalmer No. *415*

P. O. Address *R. C. M.*

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.