

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 14 1955

State File No. **8439**

Registrar's No. **1146**

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1146</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY OR TOWN <u>Kansas City Mo</u>		c. LENGTH OF STAY (in this place) <u>15 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3723 E. 9th</u>				d. STREET ADDRESS (If rural, give location) <u>3723 E. 9th 3188</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Virgil</u> b. (Middle) <u>Elzie</u> c. (Last) <u>Templeton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 14 1955</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 9 1901</u>		9. AGE (In years last birthday) <u>53</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u> IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Green Ridge Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Curby Templeton</u>			13b. MOTHER'S MAIDEN NAME <u>Sara Noel</u>		14. NAME OF HUSBAND OR WIFE <u>Marijane Smith Templeton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>786-03-6688</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marijane Templeton</u> ADDRESS <u>3723 E 9th K.C. Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Cardiac Asthenia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u> <u>7-8 yrs</u> <u>1943-1955</u> <u>4342</u>	
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 <u>Oct 4th</u> , 19 <u>43</u> , to <u>March 14</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-14</u> , 19 <u>55</u> , and that death occurred at <u>4:40</u> am., from the causes and on the date stated above.								
23a. SIGNATURE <u>S. D. Ramoey</u> (Degree or title) <u>DD-2</u>				23b. ADDRESS <u>900 Benton St MO</u>		23c. DATE SIGNED <u>3-14-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar 16 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Green Ridge, Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-14-55</u>		REGISTRAR'S SIGNATURE <u>neva minahell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Ewing Sedalis</u> ADDRESS <u>Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

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
Student Embalmer

Signed Orane Ewing

Licensed Embalmer No. 38747

P. O. Address Idalia, Ms.

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 this body is not embalmed, fact should be so stated above.