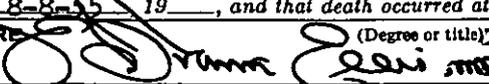


FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26493**
3517

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3517			
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. LENGTH OF STAY (In this place) 38 yrs		c. CITY OR TOWN Kansas City		d. Is 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 General Hospital #2				e. STREET ADDRESS (If rural, give location) 110 1209 East 11th Street 3168					
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) E.		c. (Last) Sorrell		4. DATE OF DEATH (Month) (Day) (Year) 8 8 1955			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8-9-1909			
9. AGE (In years last birthday) 45 yrs		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) paper hailer		10b. KIND OF BUSINESS OR INDUSTRY K.C. Paper Co.		11. BIRTHPLACE (City and State or Foreign Country) Crown, Texas			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles E. Sorrell		13b. MOTHER'S MAIDEN NAME Annie Allen		14. NAME OF HUSBAND OR WIFE Jewel Sorrell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 186-05-1070		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jewel Sorrell 1209 East 11th Street					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure. Possible myocardial infarct. ANCECEDENT CAUSES infarct. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aortic insufficiency DUE TO (c) Hypertensive cardio vascular disease.				INTERVAL BETWEEN ONSET AND DEATH 443x	
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) (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 8-5-55 , 19___, to 8-8-55 , 19___, that I last saw the deceased alive on 8-8-55 , 19___, and that death occurred at 6:45p m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) 				23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 8-9-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-13-55		24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 8-10-55		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE Statkins Brothers		ADDRESS 18th & Benton			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
E. Frank Ellis

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..... *Bruce R. Watkins*.....

Licensed Embalmer No. *4500*

P. O. Address *18th Ben*

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.