

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8460

State File No.

FILED APR 16 1956

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Excelsior Springs</u>		c. CITY OR TOWN <u>Excelsior Spgs</u>	
c. LENGTH OF STAY (in this place) <u>1 Day</u>		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 <u>Excelsior Spgs Hospital</u>		STREET ADDRESS (If rural, give location) <u>206 W. Excelsior Street</u>	

3. NAME OF DECEASED (Type or Print) <u>CHARLES</u>	a. (First)	b. (Middle) <u>R</u>	c. (Last) <u>HOMER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 26 1956</u>
---	------------	-------------------------	---------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 16 1874</u>	9. AGE (In years last birthday) (If under 1 year, give Months) (If under 12 hrs., give Hours) (Min.) <u>81 9 10</u>
-----------------------	----------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Louisville Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	---

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>### #####</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rupert G. Morse - Kansas City, Mo.</u>
---	--------------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral vascular accident</u>	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS	DUE TO (b) <u>senile arterial sclerosis</u>		
Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c) <u>none</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>neither</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>spontaneous</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Excelsior Springs Clay Missouri</u>
--	--	---

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 A.M. to P. 19M, to March 26, 1956 that I last saw the deceased alive on March 26, 1956 and that death occurred at 4:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.E. Baird, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Excelsior Springs Missouri</u>	23c. DATE SIGNED <u>3/27/56</u>
---	-------------------	---	------------------------------------

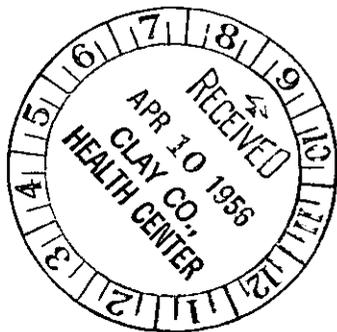
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/28/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Beloit Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Beloit Kansas</u>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>3/27/56</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hope Funeral Home Excelsior Spgs Mo.</u>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

2-11



APR 10 1956

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..... *James A. Moles*

Licensed Embalmer No. 329

P. O. Address Excelsior S

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.