

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20597

2466

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 ST. CLAIR	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY			c. LENGTH OF STAY (in this place) 2 Days		c. CITY OR TOWN OSCEOLA		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				* STREET ADDRESS (If rural, give location) RURAL ROUTE #4				0921	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES			b. (Middle) O.		c. (Last) LOVE		4. DATE OF DEATH (Month) (Day) (Year) June 3 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 18, 1909		9. AGE (In years last birthday) 47	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Wisdom, Missouri			12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Lawrence Love			13b. MOTHER'S MAIDEN NAME <i>Myrtle Boeing</i>			14. NAME OF HUSBAND OR WIFE Grace LOVE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. (If you, give war or dates of service) World War II		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Official VA Hospital Records, 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* (a) Pulmonary edema and early bronchopneumonia				INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Electrolyte imbalance				DUE TO (c) Biliary drainage; cholecystotomy; post operative status (m-m-o)				5867	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				3 weeks					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) VA		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 June 1, 1956, to June 3, 1956 , and that death occurred at 12:20A m. , from the causes and on the date stated above.									
23. SIGNATURE <i>J. A. Turner</i> J. A. Turner, M.D. (Degree or title) D					23b. ADDRESS VA Hospital 4801 Linwood, Kansas City, Mo.		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE JUNE 5, 1956		24c. NAME OF CEMETERY OR CREMATORY SHILOH CEMETERY		24d. LOCATION (City, town, or county) (State) 15 MILES FROM OSCEOLA, MISSOURI			
DATE REC'D BY LOCAL REG. 6-5-56		REGISTRAR'S SIGNATURE <i>Neva Marshall</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>D. M. Newcomer's Sons</i> ADDRESS 1331 BROADWAY KANSAS CITY, MO.				

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 27 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.....
Basil Honey

Licensed Embalmer No.....
147

P. O. Address.....
K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.