

FILED AUG 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23815**
3042

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>		d. (If residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>)	
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>4417 Independence Ave.</u>		3190			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>CHARLES</u>	b. (Middle) <u>EDWARD</u>	c. (Last) <u>LAW</u>	Month <u>July</u>	Day <u>11</u>	Year <u>1956</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>Oct 17 - 1892</u>	9. AGE (in years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restaurant operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>		11. BIRTHPLACE (City and State of Foreign Country) <u>Waverly, Kansas</u>		12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William H. Law</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget - unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie A. Law</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W. I</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jessie A. Law</u> ADDRESS <u>H. C. No</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung, Primary</u>				<u>3 mo</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				<u>5 yrs.</u>	
		DUE TO (b) <u>Congestive Heart Failure</u>				<u>10 yrs</u>	
		DUE TO (c) <u>Cirrhosis of the liver</u>				<u>2+ yrs.</u>	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchitis - mild</u>					
19a. DATE OF OPERATION <u>6-20-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Rt Pneumectomy - Cancer of lung.</u>				162+	
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, yard, 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>5-26</u> , 19 <u>55</u> , to <u>July 11, 1956</u> , that I last saw the deceased alive on <u>July 11, 1956</u> , and that death occurred at <u>9:00</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank B. Leitz</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1530 Poy Bluffman Co., Mo.</u>		23c. DATE SIGNED <u>7-13-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-14-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Moriah Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-13-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Blackman & Son</u> ADDRESS <u>H. C. No</u>			

(Licensed Embalmer's Statement on Reverse Side)

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..... *Bert B. Bennett*

Licensed Embalmer No. *4656*

P. O. Address *A. C. Mo.*

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.