

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34406**

FILED NOV 9 - 1956

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 189	
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 OR TOWN Rural Prairie		c. LENGTH OF STAY (in this place) 2 years		c. CITY OR TOWN INDEPENDENCE		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 Jackson County Hosp.				e. STREET ADDRESS (If rural, give location) Jackson County Home 700th			
3. NAME OF DECEASED (Type or Print) Charles		a. (First) Charles		b. (Middle) ----		c. (Last) Hanley	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 3		8. DATE OF BIRTH May 21, 1891	
9. AGE (In years last birthday) 65		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) Minneapolis Minnesota	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Michael Hanley		13b. MOTHER'S MAIDEN NAME Rose Murphy		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME J. C. Hospital Records, Indep. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Preliminary Diagnosis Cerebral Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH	
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) H90X			
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 <u>October 31, 1956</u>, to <u>Nov. 2</u>, 19<u>56</u>, that I last saw the deceased alive on <u>Nov. 1</u>, 19<u>56</u>, and that death occurred at <u>5:20 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Kenneth W. Johnson M.D. Jackson County Hosp.				23b. ADDRESS		23c. DATE SIGNED 11-2-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical		24b. DATE Nov. 2, 1956		24c. NAME OF CEMETERY OR CREMATORY Kansas City University		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Nov 2 - 1956 D. B. Langford		25. FUNERAL DIRECTOR'S SIGNATURE Mo. State Anatomical Board		ADDRESS K.C. Mo.			

(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.....

Licensed Embalmer No. 4962

P. O. Address Lee's Summit

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.