

FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1249

STATE FILE NUMBER

 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 99

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL			Length of stay in 1b 45 YEARS		d. STREET ADDRESS 7600 SUMMIT STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MALCOLM Middle CHARTERS Last DALE				4. DATE OF DEATH Month JAN Day 7 Year 1957					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1911 FEB-23-1888		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months _____ Day _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPTOMETRIST			10b. KIND OF BUSINESS OR INDUSTRY FOR SELF 1003 WALNUT ST.		11. BIRTHPLACE (City and state or country) SAN DIEGO, CALIFORNIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME HENRY DALE				14. MOTHER'S MAIDEN NAME JEANNETTE SMITH					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO. 486-01-5043		17. INFORMANT Address 7600 SUMMIT STREET MRS. EVA DALE KANSAS CITY, MO.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PERICARDITIS ACUTE PNEUMONIA LOBAR LT Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH 2 da 5 da 490 X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from MAR 1955 to JAN 7, 1957 and last saw ^{him} alive on JAN 6, 1957 Death occurred at 5:55 A. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Orval T. Needels MD				22b. ADDRESS 7400 WORNALL KCMO			22c. DATE SIGNED JAN 7, 1957		
23a. BURIAL CREMATION REMOVAL (Specify) BURIAL		23b. DATE JAN. 9-1957	23c. NAME OF CEMETERY OR CREMATORY CENTRAL METHODIST CH. CEMETERY			23d. LOCATION (City, town, or county) (State) OTTAWA KANSAS			
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 331. BAUSN CREEK KANSAS CITY, MO.				25. DATE RECD. BY LOCAL REG. 1-9-57		26. REGISTRAR'S SIGNATURE neva minshall			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Orval T. Needels MD by aff

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with a listed disease in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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VS JUN 12 1961

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 *Chester K Brown*

Licensed Embalmer No. *48*

P. O. Address *KC*

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.