

health, Welfare public service  
 1-56  
 1-56  
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED AUG 1 - 1957

24706  
 STATE FILE NUMBER 3158

Registration District No. 149 Primary Registration District No. 1002 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 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 HOSPITAL OR INSTITUTION VA Hospital		Length of stay in 1b 36 yrs		48 <sup>th</sup> STREET ADDRESS 3608 Baltimore		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES EDWARD MANN				4. DATE OF DEATH Month Day Year 7th 5th 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MARCH 4. 1891	
9. AGE (In years last birthday) 66 yrs		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Die Marker & MACHINIST - SELF-EMPLOYED	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Remont, Pa		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME JOHN MANN				14. MOTHER'S MAIDEN NAME MARY MARTIN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 487 38 8448		17. INFORMANT VA Hospital Records, K.C., 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) <b>Bronchopneumonia; pulmonary congestion and edema</b> DUE TO (b) <b>Recent myocardial infarction</b> DUE TO (c) <b>Aortic and coronary atherosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							INTERVAL BETWEEN ONSET AND DEATH
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 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 VA		COUNTY STATE	
21. I attended the deceased from April 13, 1957 to July 5, 1957 Death occurred at 9:05 p m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) 0 A. J. Williams A. J. WILLIAMS, M.D.				22b. ADDRESS H. D. A. Hospital, Kansas City, Mo		22c. DATE SIGNED 7-6-57	
23a. BURIAL, CREATION, REMOVAL (Specify)		23b. DATE July 8, 1957		23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 1331 Grand Oaks Kansas City, Mo		25. DATE RECD. BY LOCAL REG. 7-8-57		26. REGISTRAR'S SIGNATURE Yvonne Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ..... Student Embalmer No.....

working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *Chester K Brown*

Licensed Embalmer No. *4*

P. O. Address *KE*

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).

-8- 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.