

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005811  
STATE FILE NUMBER  
829

FILED MAR 10 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 829

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hosp.</b>		Length of stay in lb <b>Life</b>	d. STREET ADDRESS <b>514 Norton</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Carl</b> Middle <b>Edward</b> Last <b>Roark</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>14</b> Year <b>58</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 22 1931</b>		9. AGE (In years last birthday) <b>26</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Die-Caster Ruppert Diecasting Co. Kansas City, Mo.</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>Charles B. Reark</b>		13b. MOTHER'S MAIDEN NAME <b>Lillian Cone</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-30-0953</b>	17. INFORMANT Address <b>Lillian Taylor Route 4-North K.C.Mo.</b>		

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>Cerebral Haemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>330x</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Small aneurism &amp; rupture</b>	
	DUE TO (c)	
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 <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 <b>08:29 1958</b> to <b>Feb 14 '58</b> and last saw her alive on <b>Jan 15, 1958</b> Death occurred at <b>10:30 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Paul A. G. Johnson M.D.</b>		22b. ADDRESS <b>5111 Indep Ave</b>		22c. DATE SIGNED <b>2/15/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2/17/58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Kansas City, Mo.</b>			23e. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>		
24. FUNERAL DIRECTOR <b>Earp &amp; Sons Mortuary K.C.Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>2-15-58</b>		26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

Paul A. G. Johnson  
MEDICAL CERTIFICATION  
ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
All diseases in Part I must be causally related.

*Revised J. H. ...*  
*5-1-11 Ind case*  
*W. H. ...*



*11*

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 *William H. Egan* .....

Licensed Embalmer No. *4728* .....  
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.