

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044293  
STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5923

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>Vernon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City, Mo.</b>		c. CITY OR TOWN <b>Nevada, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Veteran's Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1400 N. Main</b>	
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>C.</b> Last <b>MOTTIE</b>		4. DATE OF DEATH Month <b>12</b> Day <b>14</b> Year <b>58</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10-10-98</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hospital Attendant</b>		11. BIRTHPLACE (City and state or country) <b>Nevada, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>MOTTIE</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>		17. INFORMANT Address <b>VA Hospital Official Records, 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>Gastrointestinal hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Esophageal varices</b>			
DUE TO (c) <b>Cirrhosis of liver</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Anasarca</b>			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>Oct. 2, 1958</b> to <b>Dec. 14, 1958</b> Death occurred at <b>7:56 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>A. J. Williams, M.D.</b>		22b. ADDRESS <b>4801 Linwood, Kansas City, Mo.</b>	
22c. DATE SIGNED <b>12-14-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>DEC-17-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Moore Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Vernon County, Mo.</b>
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS-KANSAS CITY, MO</b>		25. DATE RECD. BY LOCAL REG. <b>12-15-58</b>	26. REGISTRAR'S SIGNATURE <b>Neva Trinchell</b>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

JAN 20 1955

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

*Herald C. Ceterna*

Licensed Embalmer No. 3035

P. O. Address *656 1/2*

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.