DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1959

59-040003 STATE FILE NUMBER

MENDED

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 5527

23a,b	Anatomical, Dec. 1, 1959	blank	1-20-60
23c,d	K. C. School of Osteopathy	blank	1-20-60
23d	Kansas City, Missouri	blank	1-20-60
BY AFFIDAVIT OF	funeral director	DOCUMENT	

Charles Wheeler

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: General Hospital — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1816 Woodland — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Charles Middle: Last: Daniels
4. DATE OF DEATH: Month: 11 Day: 11 Year: 59
5. SEX: male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH
9. AGE (last birthday) — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Tallahasee, Oklahoma
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Green Daniels (D)
13b. MOTHER'S MAIDEN NAME: Anna (D)
14. NAME OF HUSBAND OR WIFE: Esther Daniels
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pyelonephritis
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:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO XXX
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 11-10-1959, to 11-11-1959 and last saw XXX him alive on 11-11-1959
Death occurred at 9:20 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Charles W Wheeler M.D. (Degree or title): M.D.
22b. ADDRESS: 2400 Cherry-Kansas City, Mo
22c. DATE SIGNED: 11-11-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Anatomical
23b. DATE: Dec. 1, 1959
23c. NAME OF CEMETERY OR CREMATORY: K. C. School of Osteopathy
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: Manlove-Williams K.C. Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG.: 11-17-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.