

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
 FILED VS FEB 15 1960

**=60-001536**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 392 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>										
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>9 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Blue River &amp; Francis Parks</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5711 E 40 West</u>								
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>R</u> Last <u>FELTRAP</u>				4. DATE OF DEATH Month <u>January</u> Day <u>23</u> Year <u>1960</u>										
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11-21-1944</u>								
9. AGE (last birthday) <u>15</u>		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) <u>Student</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Eldon Missouri</u>			11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>								
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			13a. FATHER'S NAME <u>John Feltrap</u>		13b. MOTHER'S MAIDEN NAME <u>Effie Carver</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Effie Feltrap</u>			Address <u>5711 E 40 West</u>						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Death by Drowning</u>								INTERVAL BETWEEN ONSET AND DEATH						
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ] DUE TO (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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown								
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Crashing down river bank attempting to save lives of 2 boys onto ice. Ice broke</u>										
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year <u>1-22-60</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Blue River</u>		20f. CITY, TOWN, OR LOCATION <u>Kansas City</u>		COUNTY <u>Jackson MO</u>		STATE				
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE (Degree or title) <u>Neva Marshall</u>				22b. ADDRESS <u>1034 Rialto Bldg</u>				22c. DATE SIGNED <u>1-23-60</u>						
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>			23b. DATE <u>Jan 24 1960</u>			23c. NAME OF CEMETERY OR CREMATORY <u>Eldon Missouri</u>			23d. LOCATION (City, town, or county) <u>Eldon Missouri</u>			23e. (State)		
24. FUNERAL DIRECTOR <u>Shelburne Chapel K.C. MO.</u>						25. DATE RECD. BY LOCAL REG. <u>1-23-60</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>						

DOCUMENT

MEDICAL CERTIFICATION

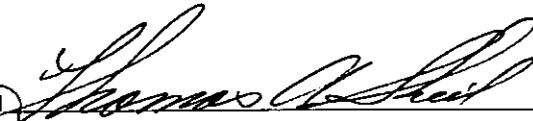
BY AFFIDAVIT OF HIGH HEALTH OFFICER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4454

P. O. Address K. P. M.

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.