

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020104

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2695 STATE FILE NUMBER

VS 300
Rev. 4/59

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1292-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in lb 63 YEARS		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEAD ON ARRIVAL. K.C. GENERAL HOSPITAL		d. STREET ADDRESS (If outside, give location) 420 E. ARMOUR BLVD.	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES WALLACE HANLEY		4. DATE OF DEATH Month Day Year MAY 7, 1963	
5. SEX MALE	6. COLOR OR RACE CAUC.	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 3/20/1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GENERAL MANAGER		10b. KIND OF BUSINESS OR INDUSTRY NATIONAL CAR LEASING CO.	11. BIRTHPLACE (City and state or country) OGDEN, UTAH
13a. FATHER'S NAME PETER M. HANLEY		14. NAME OF MOTHER OR WIFE CATHERINE HANLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address CATHERINE HANLEY, 420 E. 37 ARMOUR KANSAS CITY, 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) Coronary Thrombosis, acute DUE TO (b) Coronary Atherosclerosis DUE TO (c) Generalized atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 1 hr or less 3 yrs. 10 yrs.	
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐		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 January 1961 to May 7, 63 and last saw her/him alive on May 7, 63 . Death occurred at K.C. MO 6:25 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. C. J. ...		22b. ADDRESS 4320 Wornall K.C. Mo	
22c. DATE SIGNED 5-8-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 10 1963	
23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR T. W. NEWCOMER'S SONS, KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 5-9-63	
26. REGISTRAR'S SIGNATURE Ruth Long			

USE BLACK INK
OR
TYPEWRITER RIBBON

Form 100-1017

DECEMBER

Dr. Arnold V. Arns
Suite #208
1:30-5:00
4320 Marshall Road
0-0-0

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 Harold P. Reich

Licensed Embalmer No. 4998

P. O. Address K.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.