

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH,

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2921 63-020117
STATE FILE NUMBER

FILED JUN 7 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 3078
3
4 0
5 3
6
7 0
8 2
9 4200H
10
11
12 90-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
E. Van Buskirk
MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

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>		c. CITY OR TOWN <u>KANSAS CITY</u>	
Length of stay in 1b <u>54 YEARS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>122 SO. BRIGHTON AVE.</u>		d. STREET ADDRESS (If outside, give location) <u>122 SO. BRIGHTON AVE.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES HENKEL</u>		4. DATE OF DEATH Month Day Year <u>MAY 19 1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-27-1879</u>
9. AGE (last birthday) <u>84-83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAKER</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>LUCK MANUFACTURING</u>		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>CONRAD HENKEL</u>	
13b. MOTHER'S MAIDEN NAME <u>GRACE KRUG</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES W. HENKEL, K.C. MO.</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.	
17. INFORMANT <u>122 SO. BRIGHTON AVENUE</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>Generalized arteriosclerotic heart disease</u> DUE TO (c) <u>unknown</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cancer of prostate</u> 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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <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 <u>8/49</u> to <u>5/18/63</u> and last saw him alive on <u>5/18/63</u> Death occurred at <u>5:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>T. E. Van Buskirk MD</u>	
22b. ADDRESS <u>5246 St. John KCMo</u>		22c. DATE SIGNED <u>5/20/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>MAY 22 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>MORIAN CEM.</u>		23d. LOCATION (City, town, or county) <u>KANSAS CITY, MO.</u>	
24. FUNERAL DIRECTOR <u>D.W. NEWSOMERS SONS, K.C., MO.</u>		25. DATE RECD. BY LOCAL REG. <u>5-22-63</u>	
26. REGISTRAR'S SIGNATURE <u>Perth Long</u>			

Dr. J. C. Van Dyke
5-246 Dr. J. Van Dyke
10:30-4:38
Dr. J. Van Dyke

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 Vern Fowler

Licensed Embalmer No. 4915

P. O. Address KC 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.