

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **546**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 50 YEARS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL		d. STREET ADDRESS (If rural, give location) 6820 EDGEVALE ROAD	

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) NONE	c. (Last) CLAY	4. DATE OF DEATH (Month) (Day) (Year) FEB. - 4 - 1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 12, 1874	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 2 YEARS - SECRETARY PUBLISHING CO.	10b. KIND OF BUSINESS OR INDUSTRY ROACH FOWLER PUBLISHING CO.	11. BIRTHPLACE (State or foreign country) PITTSBURG, PENNSYLVANIA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CLAY	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE GERTRUDE CLAY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 486-05-7706	17. INFORMANT'S SIGNATURE OR NAME GERTRUDE CLAY	17. ADDRESS 6820 EDGEVALE ROAD KANSAS CITY, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial infarction		
	DUE TO (c) arterio-sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.1			yes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 4, 1949**, to **Feb 4, 1949**, that I last saw the deceased alive on **Jan 31, 1949**, and that death occurred at **3:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Edward H. Thieson (Degree or title)	23b. ADDRESS 1732 P. M. Blvd. KC Mo.	23c. DATE SIGNED 2-5-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 7 1949	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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DATE REC'D BY LOCAL REG. 2-7-49	REGISTRAR'S SIGNATURE Maeldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer	ADDRESS 1401 BRUSH CREEK BLVD. KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed.....

Edward M. Stone

Signed.....

Student Embalmer

Licensed Embalmer No. *4452*

P. O. Address *K. C. 4 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 this body is not embalmed, fact should be so stated above.