

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37539

State File No.

FILED DEC 3 1949

4857

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>3 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Missouri City</u>		8 <u>6</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Temple</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12-49</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH <u>Apr. 18-1884</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u>		IF UNDER 24 HOURS _____		IF UNDER 60 MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>	
13a. FATHER'S NAME <u>John Phillip Temple</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Quinley</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Carson Temple</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Clevenger Missouri City Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction - 4. Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Pulmonary Edema & Pleural Effusion</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Grade III Generalized Atherosclerosis</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		4201		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____			
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? _____			
22. I hereby certify that I attended the deceased from <u>Nov 12</u> , 19 <u>49</u> , to <u>Nov 12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 12</u> , 19 <u>49</u> , and that death occurred at <u>10</u> P. m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Glenn W. Hendren M.D.</u>			23b. ADDRESS <u>Liberty Mo.</u>			23c. DATE SIGNED <u>12/13/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 13-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Missouri City</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-15-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shurce - Arcew Co. Liberty Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

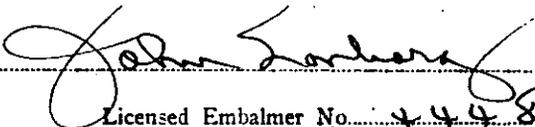
STATEMENT BY LICENSED EMBALMER

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.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 4448

P. O. Address Liberty 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.