

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9831

State File No.

FILED APR 9 1953

1514

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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

<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Jackson</u></p> <p>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city mo 2 yrs</u></p> <p>c. LENGTH OF STAY (In this place) _____</p> <p>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary Best Home 3215 Campbell</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u></p> <p>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city, mo 58</u></p> <p>d. STREET ADDRESS (If rural, give location) <u>1539 N. Monroe</u></p>	
<p>3. NAME OF DECEASED</p> <p>a. (First) <u>Charles</u> b. (Middle) <u>E</u> c. (Last) <u>Laussett</u></p> <p>(Type or Print)</p>		<p>4. DATE OF DEATH (Month) (Day) (Year) <u>March 15 1953</u></p>	
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u></p>	<p>8. DATE OF BIRTH <u>9-25-1878</u></p>
<p>9. AGE (In years last birthday) <u>74</u></p> <p>IF UNDER 1 YEAR: Months _____ Days _____</p> <p>IF UNDER 12 HRS: Hours _____ Min. _____</p>		<p>11. BIRTHPLACE (State or foreign country) <u>unknown</u></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u></p>		<p>13a. FATHER'S NAME <u>unknown</u></p>	
<p>13b. MOTHER'S MAIDEN NAME <u>unknown</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>None</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u></p>		<p>16. SOCIAL SECURITY NO. <u>494-16-1635A</u></p>	
<p>17. INFORMANT'S SIGNATURE OR NAME <u>Mary Best Home</u></p>		<p>ADDRESS <u>3215 Campbell</u></p>	
<p>18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene right foot</u></p> <p>ANTECEDENT CAUSES: <u>Arterial Sclerosis</u></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>		<p>INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u></p> <p><u>4501</u></p>	
<p>19a. DATE OF OPERATION _____</p>		<p>19b. MAJOR FINDINGS OF OPERATION _____</p>	
<p>19c. ACCIDENT (Specify) _____</p> <p>19d. HOMICIDE _____</p> <p>19e. SUICIDE _____</p>		<p>20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	
<p>21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>		<p>21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____</p>	
<p>21c. TIME (Month) (Day) (Year) (Hour) (Minute) _____</p>		<p>21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>21f. HOW DID INJURY OCCUR? _____</p>			
<p>I hereby certify that I attended the deceased from <u>June 1</u>, 19<u>51</u>, to <u>March 12</u>, 19<u>53</u>, that I last saw the deceased alive on <u>March 12</u>, 19<u>53</u>, and that death occurred at _____ m., from the causes and on the date stated above.</p>			
<p>23a. SIGNATURE <u>Gertie Mae Stevens</u> (Degree or title) <u>DO I</u></p>		<p>23b. ADDRESS <u>110 E. Armour</u></p>	
<p>23c. DATE SIGNED <u>3-16-53</u></p>		<p>24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Memorial</u></p>	
<p>24b. DATE <u>3-17-53</u></p>		<p>24c. NAME OF CEMETERY OR CREMATORY <u>mt Calvary</u></p>	
<p>24d. LOCATION (City, town, or county) (State) <u>Kansas city Kansas</u></p>		<p>25. FUNERAL DIRECTOR'S SIGNATURE <u>France Wornall</u></p>	
<p>DATE REC'D BY LOCAL REG. <u>3-16-53</u></p>		<p>REGISTRAR'S SIGNATURE <u>Seraldine Smith</u></p>	
<p>ADDRESS _____</p>		<p>CITY <u>City</u></p>	

1539 m. manual.

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 Russell H France

Licensed Embalmer No. 4255

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 this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State of Missouri

State File No. 9831-53

County of Jackson

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 1514

On this 22nd day of October, 1956, before me appears Paul Fausset, who, upon his oath, states that the original record of ~~birth~~ death

for Charles R. Faussett ~~born~~ died March 15, 1953, 19 , in the State of Missouri, and which was filed at ~~Jackson City, Missouri~~ Kansas City, Mo. on 3-16-53, 19 , should be corrected as follows:

Item No. 3 should read Charles Fausset
Instead of Charles R. Faussett

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Paul Fausset Nephew
2644 E 8th St Jer MO Relationship
Present Address.

Subscribed and sworn to before me this 22 day of October, 1956.

My Commission expires August 24, 1960 Bessie W. Smith Notary Public.

3. A surname is changed by court order or by adoption or legitimation procedures.

Sub-9831

~~SECRET~~