

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36158

State File No. ....

FILED OCT 23 1953

4758

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4758

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, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>3478 3319 Pennsylvania</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u>		b. (Middle) <u>(None)</u>	c. (Last) <u>WORK</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>September 29, 1953</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>November 2, 1895</u>		9. AGE (In years last birthday) <u>58 57</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>VA Hospital, Kansas City Mo</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Cayuga, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Oscar Work</u>		13b. MOTHER'S MAIDEN NAME <u>Etta Amend</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Jennie Work</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW I</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Records, Kansas City, Mo</u> ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary carcinoma of the lung</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u>  <u>162X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____		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>July 16, 1953</u> , to <u>September 29, 1953</u> , and that death occurred at <u>6:45 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Richard C. Schaffer, M.D.</u> (Typed or Title)		23b. ADDRESS <u>VA Hospital, Kansas City, Mo.</u>	
23c. DATE SIGNED <u>9-29-53</u>		24a. BURIAL CREMATION (Specify) <u>BURIAL</u>	
24b. DATE <u>OCT-2-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McCUNE CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>1331 BRUSH CREEK</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>10-2-53</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>	

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 .....  
Signature of Student Embalmer

Signed *Hollie Kessel* .....

Licensed Embalmer No. *4690*

P. O. Address *R. C. M.*

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.