

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27914**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **5572** Registrar's No. **165**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Prairie</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Prairie</b>	
c. LENGTH OF STAY (In this place) <b>4 weeks</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Jackson County Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>R. 4 Independence</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>C</b> c. (Last) <b>Radley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 15 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>12-30-1861</b>	9. AGE (In years last birthday) <b>93</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self employed</b>	11. BIRTHPLACE (State or foreign country) <b>Peoria, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Ella Radley (deceased)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Thurlow Radley Des Moines Iowa</b>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>Cerebral thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) <b>Arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>General Cachexia</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>332 X</b>	20. AUTOPSY? YES <input 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) (m.)	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 **7-19**, 19**54**, to **8-15**, 19**54**, that I last saw the deceased alive on **8-15**, 19**54**, and that death occurred at **9:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. B. [Signature]</b>	23b. ADDRESS <b>Jackson County Hospital</b>	23c. DATE SIGNED <b>8-16-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/18/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>	25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <b>Geo. C. Carson Independence, Mo.</b>	

Received Embalmer's Statement on Reverse Side)

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

*aug*  
FILED **JAN 30 1954**

OCT 27 1940

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 Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, 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.