

FILED JAN 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1328  
61

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>43 yrs.</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>3324 Summit</u>			
STREET ADDRESS (If rural, give location) <u>4602 3324 Summit</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) <u>EDWARD</u>	
		c. (Last) <u>WAYNE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5 1955</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
		8. DATE OF BIRTH <u>Nov. 16, 1870</u>	
		9. AGE (In years last birthday) <u>84</u>	
		IF UNDER 1 YEAR Months Days	
		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City Ice Company - Retired</u>	
		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>	
		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Hammilton Wayne</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Park</u>	
		14. NAME OF HUSBAND OR WIFE <u>Lenna Wayne</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____	
		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. V. K. Spellman</u> ADDRESS <u>K.C. Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio sclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>General arteriosclerosis</u>			
DUE TO (c) <u>chr. cardiac valvula disease</u>			
II. OTHER SIGNIFICANT CONDITIONS			
. Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION _____			
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 <u>June 10, 1929</u> , to <u>Jan 5, 1955</u> , that I last saw the deceased alive on <u>Jan 5, 1955</u> , and that death occurred at <u>6:20 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Herbert S. Valentine</u> (Degree or title) <u>Mr. D.</u>		23b. ADDRESS <u>1124 Professional Bldg</u> <u>Kansas City Mo</u>	
		23c. DATE SIGNED <u>1/5/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/7/55</u>	
		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>	
		24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-5-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; McCLURE UND. CO. K.C.MO.</u>	

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

Dr. Herbert Valentine  
Prof. Bldg  
Vi. 1938  
11:00 A.M. - 3:30

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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..... *J. T. Crowell* .....

Licensed Embalmer No. *490* .....

P. O. Address *J. T. Crowell* .....

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.