

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4023**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **239**

1. PLACE OF DEATH a. COUNTY Buchanan.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson.	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Joseph.		c. CITY OFF TOWN Kansas City	d. 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 State Hospital No. 2.		e. STREET ADDRESS (If rural, give location) 521 Walnut.	

3. NAME OF DECEASED (Type or Print) CHARLES	a. (First)	b. (Middle)	c. (Last) VOICE	4. DATE OF DEATH (Month) (Day) (Year) 2-25-1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unknown	8. DATE OF BIRTH 7-9-1880?	9. AGE (In years last birthday) 75?	IF UNDER 1 YEAR Months ?	IF UNDER 1 YEAR Days ?	IF UNDER 1 YEAR Hours ?	IF UNDER 1 YEAR Min. ?
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) dishwasher	10b. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (City and State or Foreign Country) unknown.	12. CITIZEN OF WHAT COUNTRY? U.S.A.?
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.	16. SOCIAL SECURITY NO. no.	17. INFORMANT'S SIGNATURE OR NAME Jackson County Court, Kansas City - Mo	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis.		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Poorly developed chest.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 490 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1-1-**, 19**47**, to **2-25-**, 19**55**, that I last saw the deceased alive on **2-25-**, 19**55**, and that death occurred at **8:40 A** m., from the causes and on the date stated above.

23a. SIGNATURE J.H. Morrison	(Degree or title) 485 M.D.	23b. ADDRESS State Hospital No. 2, St. Joseph, Mo	23c. DATE SIGNED 2-25-1955
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3-3-1955	24c. NAME OF CEMETERY OR CREMATORY Kirksville D.O. College	24d. LOCATION (City, town, or county) (State) Kirksville, Mo.
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DATE REC'D BY LOCAL REG. March 4, 1955	REGISTRAR'S SIGNATURE Eather M. Allison	FUNERAL DIRECTOR'S SIGNATURE Paul R. Rupp	ADDRESS St. Joseph, Mo.
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(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
Signature of Student Embalmer

Signed *Alvin E. Bagan*

Licensed Embalmer No. *479*

P. O. Address *St. Joseph*

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.