

FILED AUG 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22063

3110

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3110</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If location: 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. LENGTH OF STAY (in this place) <u>22 yrs</u>		c. CITY OR TOWN <u>KANSAS CITY</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>Krestwoods Medical Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3111 EAST 51st STREET 3778</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>HOWARD</u> c. (Last) <u>CLAPPER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1955</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>SEPT. 18, 1878</u>	
9. AGE (In years last birthday) <u>76</u>		10. 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>STANDARD LINE LAUNDRY SUPPLY Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ROARING SPRINGS, PENNSYLVANIA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>SAMUEL CLAPPER</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN GARBER</u>		14. NAME OF MARRIAGE OR WIFE <u>MRS KATHRYN E. CLAPPER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-22-0917</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. KATHRYN E. CLAPPER, 3111 E. 51st St. K.C. Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
				ANTECEDENT CAUSES			
				MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) _____			
				DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death.		<u>Widespread Metastases</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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>March</u> , 1954, to <u>July 19, 1955</u> , that I last saw the deceased alive on <u>July 16, 1955</u> , and that death occurred at <u>8:10 P.M.</u> ; from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward A. Samuelson MD</u> (Degree or title)				23b. ADDRESS <u>2603 E 31st KC Mo</u>		23c. DATE SIGNED <u>7-20-55</u>	
24a. BURIAL CREMATION (Specify) <u>BURIAL</u>		24b. DATE <u>July 22, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>TORRAN, KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>7-22-55</u>		REGISTRAR'S SIGNATURE <u>Merna Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWSOMER'S SONS</u> ADDRESS <u>1331 BRUSH CREEK BLVD K.C. MO.</u>			

(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 *Rollie Kessel*.....

Licensed Embalmer No. *469*.....

P. O. Address *K. 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.