

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16285

State File No. _____

FILED MAY 23 1956

1934

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place township) <u>7</u> years		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>Memorah Medical Center</u>				e. STREET ADDRESS (If rural, give location) <u>2800 E. 40th STREET</u>				<u>3616</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Estelle</u>			b. (Middle) <u>S.</u>		c. (Last) <u>Charriot</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 2 1956</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, 1 WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>9-10-1881</u>		9. AGE (In years last birthday) Months Days <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>LAKE CITY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN M. SURFACE</u>			13b. MOTHER'S MAIDEN NAME <u>FRANCES ALLAIRE</u>			14. NAME OF HUSBAND OR WIFE <u>CHARLES CHARPIOT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. GRACE KENNEY 2800 E. 40th ST. KANSAS CITY, MO.</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC FAILURE</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 DAYS</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PNEUMONIA</u>						<u>7 DAYS</u>	
		DUE TO (c) <u>PARKINSON'S DISEASE</u>						<u>Many yrs.</u>	
		II. OTHER SIGNIFICANT CONDITIONS <u>STATUS FOLLOWING NAILING OF FRACTURED HIP</u>						<u>6 Wks.</u>	
19a. DATE OF OPERATION _____		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) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 _____, 19 <u>47</u> , to <u>5/2</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5/2</u> , 19 <u>56</u> , and that death occurred at <u>3:15 A. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>M. L. Friedman</u> (Degree or title) <u>M.D.</u>					23b. ADDRESS <u>701 E. 63rd St.</u>			23c. DATE SIGNED <u>5/3/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 4 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>5-4-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. H. Newman's Sons 1331 BOND CREEK KANSAS CITY, MO.</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 *Basil V. Honey*.....

Licensed Embalmer No. *472*.....

P. O. Address *R.C. 21*.....

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.