

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011542

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. F. 1764 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
1
23288
3
4 0
5 3
6
7 1
8 2
9 33ax
10
11
12 90-0
13

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
(INSTEAD OF)
SHOULD READ

DOCUMENT
BY AFFIDAVIT OF

FILED APR 1 1963

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb 10 Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alton Hotel 327 W. 12 Inside limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 327 W. 12 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First EARL Middle R. Last CHING
4. DATE OF DEATH Month March Day 18 Year 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-25-1883 9. AGE (last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender 10b. KIND OF BUSINESS OR INDUSTRY Tavern 11. BIRTHPLACE (City and state or country) H. Vernon, Mich. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Rose Diary Ching

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address James D. McGrath, 1207 Grand Ave.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebro-Vascular Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebrovascular Arteriosclerosis 7 yrs
DUE TO (c) Generalized arteriosclerosis 10+ years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12/11/1956 to present and last saw her/him alive on 3/12/63. Death occurred at 8:00 am 3/18/63 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. Braverman 22b. ADDRESS 701 E 63rd Kansas City Mo. 22c. DATE SIGNED 3/18/63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-20-1963 23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery 23d. LOCATION (City, town, or county) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eylar Funeral Home Woodland-Linwood 25. DATE RECD. BY LOCAL REG. 3-19-63 26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

Dr. the Brewerman

701E63

1:30

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 *James E. Hackleman*

Licensed Embalmer No. 4573

P. O. Address K.P. Dr.

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.