

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-015960

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2074 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF G. AGE

FILED APR 22 1963			
<p>1. PLACE OF DEATH</p> <p>a. COUNTY Jackson</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 2 WEEKS</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri b. COUNTY Jackson</p> <p>c. CITY OR TOWN Independence Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 2000 Arlington Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>3. NAME OF DECEASED First Middle Last Lloyd Grover Charpie</p>			
<p>4. DATE OF DEATH Month Day Year April 3, 1963</p>			
<p>5. SEX Male</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 6-20-88</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER Operator</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY Barber Shop Shawnee, Kansas</p>	
<p>11. BIRTHPLACE (City and state or country) LEAVENWORTH KANSAS</p>		<p>12. CITIZEN OF WHAT COUNTRY U. S. A.</p>	
<p>13a. FATHER'S NAME EDWARD T. CHARPIE</p>		<p>13b. MOTHER'S MAIDEN NAME MARGARET HIDBERG</p>	
<p>14. NAME OF HUSBAND OR WIFE MRS. FLORA CHARPIE</p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No</p>	
<p>16. SOCIAL SECURITY NO. [REDACTED]</p>		<p>17. INFORMANT MRS. FLORA CHARPIE INDEPENDENCE MO. Address 2000 ARLINGTON AVE.</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I: DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) PULMONARY EDEMA</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARCINOMA of Lung</p> <p>DUE TO (c) _____</p> <p>PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None</p> <p>PART III: If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>			
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>			
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>			
<p>21. I attended the deceased from 1-22-58 to 4-3-63 and last saw him alive on 4/2/63</p> <p>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.</p>		<p>22b. ADDRESS 5801 KINGSTEE DRIVE</p>	
<p>22c. DATE SIGNED 4/3/63</p>		<p>22c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL</p>		<p>23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI</p>	
<p>23b. DATE APRIL 6, 1963</p>		<p>25. DATE RECD. BY LOCAL REG. 4-5-63</p>	
<p>24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.</p>		<p>26. REGISTRAR'S SIGNATURE <i>[Signature]</i></p>	

USE BLACK INK OR TYPEWRITER RIBBON

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 *Ramin Zwart*

Licensed Embalmer No. 4096

P. O. Address J.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.

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