

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
3213

27047

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>22 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	d. STREET ADDRESS (If rural, give location) <u>3512 TROOST AVENUE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3512 TROOST AVENUE</u>		d. STREET ADDRESS (If rural, give location) <u>3512 TROOST AVENUE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSE</u> b. (Middle) <u>IMA</u> c. (Last) <u>OOTZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 24 1950</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV 24 1872</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 Hrs. Hours _____ Min. _____
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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 <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>SALINE COUNTY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>GRANISON JOHNSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY C. HAMPTON</u>		14. NAME OF HUSBAND OR WIFE <u>ARTHUR LEE OOTS</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LOUIS R. OOTS</u>		ADDRESS <u>4204 HARRISON ST KANSAS CITY, MO.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HF Congestive heart failure</u>				<u>1 WEEK</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u>				<u>YEARS</u>	
		DUE TO (c) _____				<u>4500</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral thrombosis</u> <u>CARCINOMA Cervix Uteri</u>				<u>1 MONTH</u>	
						<u>2 MONTH</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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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 _____, 1945, to July 24, 1950, that I last saw the deceased alive on July 24, 1950 and that death occurred at 11:00 am., from the causes and on the date stated above.

23a. SIGNATURES. <u>David Henry</u> (Degree or title) <u>U</u>		23b. ADDRESS <u>1115 Grand ave</u>		23c. DATE SIGNED <u>25 July 50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-27-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>7-25-50</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>	
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Doyle P. Daniel

Licensed Embalmer No. *4707*

Signed.....
Student Embalmer

P. O. Address *Kennett, Mo.*

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 this body is not embalmed, fact should be so stated above.