S. No. 300
. 10.48

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28318

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3455

1. PLACE OF DEATH
a. COUNTY: Jackson 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 40 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson 3 148 0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 1323 Charlotte

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3. NAME OF DECEASED (Type or Print)
a. (First): Doctor
b. (Middle): Franklin
c. (Last): Street

4. DATE OF DEATH (Month): 7 (Day): 31 (Year): 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 9-1-1883
9. AGE (In years last birthday): 68 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales man
10b. KIND OF BUSINESS OR INDUSTRY: Metal Storm windows, Home Improvement Co.
11. BIRTHPLACE (State or foreign country): Monmouth, Iowa 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Calvin Street
13b. MOTHER'S MAIDEN NAME: Cynthia Edwards
14. NAME OF HUSBAND OR WIFE: Susie L. Street

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Spanish
(If yes, give war or dates of service): American War.
16. SOCIAL SECURITY NO.: 512-20-9476
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Susie L. Street, 1323 Charlotte
ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____ 4201

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death Gastric ulcer — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/16, 1948 *to* July 31, 1952, *that I last saw the deceased alive on* July 31, 1952, *and that death occurred at* 8/50 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE Martin J. Mueller (Degree or title): Martin J. Mueller M.D.
23b. ADDRESS: 934 Argyle Bldg. KC Mo
23c. DATE SIGNED: 8-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-3-1952
24c. NAME OF CEMETERY OR CREMATORY: Lewis
24d. LOCATION (City, town, or county) (State): Orrick, Missouri

DATE REC'D BY LOCAL REG.: 8-1-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Mrs. C.L. Forster, Kansas City, Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Vi 8227

1-5 pm

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 .....
Student Embalmer

Signed Raymond F. Hoemann

Licensed Embalmer No. 4266

P. O. Address Kansas City, 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 this body is not embalmed, fact should be so stated above.