

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5695**  
**956**

FILED MAR 7 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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

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1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	
c. LENGTH OF STAY (In this place) <b>45 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>4314 WYOMING STREET</b>	
d. FULL NAME OF (If not in U.S.A. visitation, give street address or location) HOSPITAL OR COMPANY PARKING LOT INSTITUTION <b>233 GULL'S AVENUE</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HAROLD</b> b. (Middle) <b>G.</b> c. (Last) <b>AMREIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEBRUARY 13 1953</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MARCH 30 1907 46</b>	9. AGE (In years last birthday) Months Days <b>46</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PIPE FITTER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>KCC GAS SERVICE CO.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ARGENTINE KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>ANTONE AMREIN</b>	13b. MOTHER'S MAIDEN NAME <b>LIZZY KEEPER</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. ANNA L. AMREIN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR II</b>	16. SOCIAL SECURITY NO. <b>487-12-8872</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. ANNA L. AMREIN</b>	ADDRESS <b>4314 WYOMING KANSAS CITY MO</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Anterior Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>4201</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <b>natural</b>	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)	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh H. Owens</b>	(Degree or title) <b>Coroner</b>	23b. ADDRESS <b>1034 Platte Blk</b>	23c. DATE SIGNED <b>2-13-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>FEB. 16 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>2-14-53</b>	REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Newcomer's Sons</b>	ADDRESS <b>1331-BRUSH CREEK KANSAS CITY, MO</b>
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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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.