

FILED AUG 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27262

3810

| | | | | | | | | | |
|---|--|--|---------------------------------|--|---|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>3810</u> | | | |
| 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, give RURAL or TOWN) <u>General Hospital # 21</u> | | | | c. CITY OR TOWN <u>Kansas City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Gen. Hosp. # 21</u> | | | | e. STREET ADDRESS (If rural, give location) <u>1400 Basco 3268</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Otto</u> | | | b. (Middle) _____ | | | c. (Last) <u>Foster</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7 29 54</u> | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>caucas</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>Oct 18-1914</u> | | 9. AGE (In years last birthday) <u>39</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City, State or Foreign Country) <u>Forest City Ark</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | | |
| 13a. FATHER'S NAME <u>unknown</u> | | | 13b. MOTHER'S MAIDEN NAME _____ | | | 14. NAME OF HUSBAND OR WIFE <u>Louise</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME (Address) <u>Record office KC Gen Hosp # 21</u> | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Pneumonia</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | ANTECEDENT CAUSES | | | | 491X | |
| | | | | 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"/> | |
| 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from <u>7-25-54</u> to <u>7-29-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-29-54</u> , 19 <u>54</u> , and that death occurred at <u>7:30 A</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>E. Frank Ellis MD</u> | | | | 23b. ADDRESS <u>600 E. 22nd</u> | | | 23c. DATE SIGNED <u>8-3-54</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>8-5-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Leede</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u> | | | |
| DATE REC'D BY LOCAL REG. <u>8-5-54</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Wm A. Tompkins R.C. # 1</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm. A. Schuyler

Licensed Embalmer No. 30

P. O. Address RC 9

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.