

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

1. PLACE OF DEATH  
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS City

c. CITY OR TOWN KANSAS City d. Is Residence within limits of a city or incorporated town? Yes  No

c. LENGTH OF STAY (in this place) 32 yrs

e. STREET ADDRESS (If rural, give location) 5718 HOLMES STREET

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) H c. (Last) Oldendick 4. DATE OF DEATH (Month) (Day) (Year) July 17, 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH FEB 5, 1881

9. AGE (In years last birthday) 73

If under 1 year: Months \_\_\_\_\_ Days \_\_\_\_\_ If under 4 hrs: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER - RETIRED

10b. KIND OF BUSINESS OR INDUSTRY CENTRAL HIGH School

11. BIRTHPLACE (City and State or Foreign Country) CINCINNATI, OHIO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOSEPH Oldendick

13b. MOTHER'S MAIDEN NAME JANE MEYER

14. NAME OF HUSBAND OR WIFE MRS Lulu Oldendick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS Lulu Oldendick 5718 HOLMES ST. KANSAS CITY, MO.

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

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Coriary failure  
ANTECEDENT CAUSES DUE TO (b) Coronary arteriosclerosis & hypertension  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201

INTERVAL BETWEEN ONSET AND DEATH 30 minutes

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)

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 1945, 1954, to July 17, 1954, that I last saw the deceased alive on July 17, 1954, and that death occurred at 7 p.m., from the causes and on the date stated above.

23a. SIGNATURE John T. Skinner (Degree or title) MD

23b. ADDRESS 1102 Grand - 91 C. 6 MO

23c. DATE SIGNED 7-17-54

24. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE July 19, 1954

24c. NAME OF CEMETERY OR CREMATORY W.H. OLIVET

24d. LOCATION (City, town, or county) (State) KANSAS City, MISSOURI

DATE REC'D BY LOCAL REG. 7-18-54

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. NEWCOMER'S SON'S K.C. MO. 1331 BRUSH CREEK

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Basel P. Horn*.....

Licensed Embalmer No. *417*.....

P. O. Address *J.C.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.