

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30755

State File No.

4200

FILED OCT 4 1954

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) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>37 years</u>		d. STREET ADDRESS (If rural, give location) <u>2316 1/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DePaul Nursing Home 622 Paulina St</u>		e. STREET ADDRESS (If rural, give location) <u>2538 Merimington</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u>		b. (Middle) <u>H</u>	
c. (Last) <u>OEHLSEHLAGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 1 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>February 9 1871</u>
9. AGE (In years last birthday) <u>83</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Cabinet maker American Sash & Door Co</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Oehlshlager</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Duensing</u>	
14. NAME OF HUSBAND OR WIFE <u>Louise Lula Oehlshlager</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>484-03-0427</u>		17. INFORMANT'S SIGNATURE, OR NAME ADDRESS <u>Louise Oehlshlager - 2538 Merimington</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerotic Central manifestations</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atypical Parkinsonism</u>		5 yrs.	
DUE TO (c) <u>Prostatic Hypertrophy & uremia</u>		7 yrs.	
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 type="checkbox"/> NO <input checked="" type="checkbox"/>		334X	
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 <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>3-13</u> , 19 <u>46</u> , to <u>9-1</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8-22</u> , 19 <u>54</u> , and that death occurred at <u>6:30 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank B. Leitz M.D.</u>		23b. ADDRESS (No.) <u>1530 Prof. Bldg. Towns. Co. Mo.</u>	
23c. DATE SIGNED <u>9-2-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 4, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-2-54</u>		REGISTRAR'S SIGNATURE <u>Desaldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kilbs Funeral Home - 2315 Lenwood</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Frank B. Leitz M.D.

No 1331
12-5
Prof
Dr Frank Hoyt

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

Chas E Wilks

Signed.....
Student Embalmer

Licensed Embalmer No. *2644*

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.