No. 300
10.46

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

FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18874

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2192

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 3815 Park

3. NAME OF DECEASED (Type or Print)
a. (First): Mr. Clarence
b. (Middle): Elmer
c. (Last): Oman

4. DATE OF DEATH (Month) (Day) (Year): 5-18-55

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6-5-1875
9. AGE (In years last birthday): 79
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): Retired-Car repairman
10b. KIND OF BUSINESS OR INDUSTRY: Frisco R.R.
11. BIRTHPLACE (City and State or Foreign Country): Shelbyville, Ill.
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Emanuel Oman
13b. MOTHER'S MAIDEN NAME: Viola Small
14. NAME OF HUSBAND OR WIFE: Mrs. Luella Oman, deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Daughter, Mrs. Ethel Mae Trevolt
ADDRESS: K.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION Kansas City, Kans.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism, R femoral artery — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ascites, recurrent — 2 months
DUE TO (c) Cirrhosis of liver, suspected — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 5810

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* 3-29, 1953, *to* 5-18, 1955, *that I last saw the deceased alive on* 5-18, 1955, *and that death occurred at* 7:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Richard W. Gunn (Degree or title) M.D.
23b. ADDRESS: 6230 Truman Rd KC 26 Mo
23c. DATE SIGNED: 5-20-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-20-55
24c. NAME OF CEMETERY OR CREMATORY: Highland Park Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City, Kans.

DATE REC'D BY LOCAL REG.: 5-20-55
REGISTRAR'S SIGNATURE: neva Marshall
25. FUNERAL DIRECTOR'S SIGNATURE: Ralph A. Fulton
ADDRESS: Kansas City, Kans.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. A. Sulton.....

Licensed Embalmer No. 35

P. O. Address K.C.K.

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