URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1959

59–040018
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5195

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 35 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1327 Van Brunt Blvd. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1327 Van Brunt Blvd. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Leona Middle: H. Last: Dolde
4. DATE OF DEATH: Month: Oct. Day: 29 Year: 1959
5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/5/1901
9. AGE (last birthday): 58
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Price Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Western Auto
11. BIRTHPLACE (City and state or country): Hastain, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Henry Cartwright
13b. MOTHER'S MAIDEN NAME: Helen Smith
14. NAME OF HUSBAND OR WIFE: Otto J. Dolde
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 495-03-3759
17. INFORMANT: Otto J. Dolde Address: 1327 VanBrunt Blvd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Rheumatic Valvular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 46 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Rheumatic Fever — 4 days.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1946, to 10-29-59 and last saw her/him alive on 7-30-59
Death occurred at about 9 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L. P. Steffen (Degree or title) M. D.
22b. ADDRESS: 1103 Grand Ave K.C. Mo.
22c. DATE SIGNED: 10-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 10/31/1959
23c. NAME OF CEMETERY OR CREMATORY: Mt. Washington Ceme.
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Earp & Sons 4707 Truman Rd. K.C.Mo
25. DATE RECD. BY LOCAL REG.: 10-29-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF L. P. Steffen

DOCUMENT

PROF BLDG.

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed William H. Earp

Licensed Embalmer No. 4728

P. O. Address K. C. Mo

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