IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-041969

FILED VS DEC 5 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5640 STATE FILE NUMBER

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: 32 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital — 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) 719 Cambridge — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Olevia Middle K. Last Drehle
4. DATE OF DEATH: Month Nov. Day 8 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-10-1910
9. AGE (last birthday): 50
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): Cab Driver
10b. KIND OF BUSINESS OR INDUSTRY: Yellow Cab Co.
11. BIRTHPLACE (City and state or country): Fortuna, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Alfred Thomas
13b. MOTHER'S MAIDEN NAME: Anna Schreck
14. NAME OF HUSBAND OR WIFE: Harold Drehle
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.: 496-16-6561
17. INFORMANT: Harold Drehle Address: Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchitis & asthma — INTERVAL BETWEEN ONSET AND DEATH: 5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic aorta
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 10/25/60 to 11/8/60 and last saw (her) alive on 11/7/60
Death occurred at 1:35 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Stanley W. Goldman (Degree or title) MD
22b. ADDRESS 751 Elg Kansas City Mo
22c. DATE SIGNED 11/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 10, 1960
23c. NAME OF CEMETERY OR CREMATORY: Mt. Washington Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City Missouri

24. FUNERAL DIRECTOR: Geo. C. Carson & Sons ADDRESS: Independence, Mo.
25. DATE RECD. BY LOCAL REG.: 11-9-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Stanley L. Goldman DOCUMENTAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Leroy J. Tyle

Licensed Embalmer No. 494

P. O. Address Independ

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