

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 6118 6118 -61-045010

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6118

FILED DEC 22 1961

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 10-450
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 623 Euclid Lewellen Home 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) 5111 PARK Ave. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last OSCAR Romi
 4. DATE OF DEATH Month Day Year Dec 4 1961

5. SEX MALE 6. COLOR OR RACE CACN. 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 12-23-1889 9. AGE (last birthday) 71 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) LABORER 10b. KIND OF BUSINESS OR INDUSTRY LABOR 11. BIRTHPLACE (City and state or country) Essen, Germany 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Fritz Romi 13b. MOTHER'S MAIDEN NAME Minnie Dietch 14. NAME OF HUSBAND OR WIFE Dorothy Romi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO NONE 17. INFORMANT Mrs Dorothy Romi 5111 Park Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 1 day
 DUE TO (b) Chronic Myocarditis 5 years
 DUE TO (c) Chronic Nephritis 10 years
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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 Month, Day, Year a.m. p.m.

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 1-1-61 7:05 PM and last saw her alive on 12-4-61
 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Aunt Paul Lawrence MO. 22b. ADDRESS 428 S. White Ave 22c. DATE SIGNED 12-4-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-6-61 23c. NAME OF CEMETERY OR CREMATORY Memorial Park 23d. LOCATION (City, town, or county) (State) Kansas City Mo.

24. FUNERAL DIRECTOR Muehlebach 6800 Troost 25. DATE RECD. BY LOCAL REG. 12-5-61 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Frank Paul Lawrence

MEMORANDUM
1/20/49

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 Alfred H. Hammans, Student Embalmer No. 646

working under my personal supervision

Student Alfred H. Hammans Signed R E Nichols
Signature of Student Embalmer

Licensed Embalmer No. 4997

P. O. Address K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.