

S. No. 300
M-10-47
5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8854
Registrar's No. 1275

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 12 1948
Registration District No. 199

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
LOCARNO HOTEL, 235 WARD PARKWAY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. LOCARNO HOTEL, 235 WARD PARKWAY
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. GISELLA A. OUTHIER
3. (b) If veteran, name war No
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MARCH day 19TH
year 1948 hour 5 minute 35 P.M.
21. I hereby certify that I attended the deceased from 3/18/48
to 3/19/48
that I last saw her alive on 3/19/48
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife M.R. CLARENCE OUTHIER
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 31 1972
(Month) (Day) (Year)

Immediate cause of death
Acute Pulmonary Edema & Coronary Occlusion
Due to _____
Due to _____
Other conditions _____
Major findings:
Of operations _____
Of autopsy 940

8. AGE: Years 75 Months 11 Days 18
If less than one day _____ hr. _____ min.

Duration 2 hrs.
Physician _____
Underline the cause to which death should be charged statistically.

9. Birthplace HAMILTON ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name ERASTUS HAZEN

13. Birthplace TRUMBUE OHIO
(City, town, or county) (State or foreign country)

14. Maiden name MARY LAYMAN

15. Birthplace TRUMBUE OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant F. A. WOLFORD

(b) Address 235 WARD PARKWAY

17. (c) BURIAL (b) Date thereof MARCH 22 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. H. Newsome's Son

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-22-48 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur (a) or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Sheldine Holmes (M. D. or other) _____

Address _____ Date signed 3/20/48

Memorial Hospital

Sulphur Springs, Mo

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed John T. News
Licensed Embalmer No. 4453
P. O. Address Kansas City

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.