

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **1111**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. 1111		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Minn b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Peter				
d. FULL NAME OF HOSPITAL OR INSTITUTION Super Chief-Union Station				d. STREET ADDRESS (If rural, give location) 413 West Park Row				
3. NAME OF DECEASED (Type or Print) Richard			a. (First) _____ b. (Middle) _____ c. (Last) Maltby		4. DATE OF DEATH (Month) (Day) (Year) 3-10-49			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 18, 1887		9. AGE (In years last birthday) 60 6/11 22		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumbing & Heating		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME William Maltby		13b. MOTHER'S MAIDEN NAME Adeline Varley		14. NAME OF HUSBAND OR WIFE Mrs. Carrol Maltby				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. John Schwabe 6127 Walnut				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Insufficiency ANTECEDENT CAUSES Coronary Arteriosclerosis DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS 4201 Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Deputy Coroner				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) (Min)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE A. E. Upsher (Degree or title) M.D.				23b. ADDRESS 2800 main		23c. DATE SIGNED 3/10/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-10-49		24c. NAME OF CEMETERY OR CREMATORY Minneapolis, Minn.		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. 3-10-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCURE Kansas City, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

61. 16 400

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.