

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41252

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5287

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY GEARY	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN JUNCTION CITY	
c. LENGTH OF STAY (in this place) 2 MONTHS		d. STREET ADDRESS R.F.D. #3	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) (NONE) c. (Last) OSWALD			4. DATE OF DEATH (Month) (Day) (Year) DEC. - 12 - 1949		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH JULY-25-1899		9. AGE (In years last birthday) 70 YRS		10. IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 3 YRS. FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) BERNE, SWITZERLAND	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME UNKNOWN OSWALD		13b. MOTHER'S MAIDEN NAME ELIZABETH UNKNOWN	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	

17. INFORMANT'S SIGNATURE OR NAME Mrs. ALICE HEISINTZ		ADDRESS Junction City, Kansas	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post operative obstruction		INTERVAL BETWEEN ONSET AND DEATH 4 weeks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Carcinoma of stomach		6 months	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 10/20/49		19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 10/10, 1949, to 12/12, 1949, that I last saw the deceased alive on 12/12, 1949, and that death occurred at 9:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE Edward H. Klein (Degree or title) M.D.		23b. ADDRESS Plaza Med. Bldg.		23c. DATE SIGNED 12/13/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE DEC. 13 - 1949		24c. NAME OF CEMETERY OR CREMATORY: City Cemetery	
24d. LOCATION (City, town, or county) JUNCTION CITY, KANSAS		24e. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons		ADDRESS 1331 BRUSH CREEK BLVD KANSAS CITY, MO.	

DATE REC'D BY LOCAL REG 12-13-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Emile M. Calhoun

Signed.....
Student Embalmer

Licensed Embalmer No. *3506*

P. O. Address *Kc 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 this body is not embalmed, fact should be so stated above.