

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13182

State File No. \_\_\_\_\_

1768

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City - Cent. Blvd.</u>		d. STREET ADDRESS (If rural, give location) <u>3115 - E - 9th - 8150 10 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3115 - East 9th.</u>				d. STREET ADDRESS (If rural, give location) <u>3115 - E - 9th - 8150 10 8</u>			
3. NAME OF DECEASED (Type or Print) <u>Emma Jane OZIAS</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>April - 15 - 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Mar - 2 - 1866</u>		9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Williams Pa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Maneval</u>		13b. MOTHER'S MAIDEN NAME <u>Graumiller</u>		14. NAME OF HUSBAND OR WIFE <u>William</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Zenia Ozias</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardio</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Degeneration</u> DUE TO (c) <u>Senile Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Colitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1940</u> <u>1940</u> <u>1938</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>422!</u>				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 <u>April 9, 1950</u> , to <u>April 15, 1950</u> , that I last saw the deceased alive on <u>April 15, 1950</u> , and that death occurred at <u>8:40 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Malik R. Lal</u>				23b. ADDRESS <u>1827 Independence Ave</u>		23c. DATE SIGNED <u>4-15-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Apr - 15 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia Kansas</u>	
DATE REC'D BY LOCAL REG. <u>4-15-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. C. R. Foster</u>			
				ADDRESS <u>K.C., Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1827 Burdgo.  
Annis  
9th - 1804  
Vi. 4669 -

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.....

*Joe B. Yoder*  
Licensed Embalmer No. *4173*

Signed.....  
Student Embalmer

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 this body is not embalmed, fact should be so stated above.