

FILED FEB 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5414

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5675 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City - Rural Washburn	
c. LENGTH OF STAY (In this place) 23 yr.		d. STREET ADDRESS (If rural, give location) 8408 West Oldham Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8408 West Oldham Drive		d. STREET ADDRESS (If rural, give location) 8408 West Oldham Drive	

3. NAME OF DECEASED (Type or Print) a. (First) Edna b. (Middle) May c. (Last) Flath	4. DATE OF DEATH (Month) (Day) (Year) Feb. 7, 1952
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5. SEX female /	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9-30-1886	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Kansas /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John D. Coultis	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE P. Hans Flath
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME P. Hans Flath, 8408 West Oldham Dr. K.C. Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7955		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Refused Post Remit	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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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 Dr. Annie B. Hodges	(Degree or title)	23b. ADDRESS 1350 S. W. 10th St. Kansas City, Mo.	23c. DATE SIGNED 2-8-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/11/52	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 2/11/52	REGISTRAR'S SIGNATURE Dr. Annie B. Hodges	1350	25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.	ADDRESS KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

48/1

FEB 20 RECD

SEP 28 1954

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 Gerald A. Burger

Signed.....
Student Embalmer

Licensed Embalmer No. 4763

P. O. Address Kansas City, 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.

[Handwritten signature]
[Handwritten initials]