

FILED AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24440

State File No. 3375

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

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 OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 55 yrs	c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Mary's Hospital		d. STREET ADDRESS (If rural, give location) 3508 Anderson	

3. NAME OF DECEASED (Type or Print)	a. (First) CARL	b. (Middle)	c. (Last) FATS	4. DATE OF DEATH (Month) (Day) (Year)	7 27 52
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5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	8. DATE OF BIRTH 7-6-1888	9. AGE (In years last birthday) 64	# UNDER 1 YEAR Months	# UNDER 1 MTH. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) messenger	10b. KIND OF BUSINESS OR INDUSTRY R.R.	11. BIRTHPLACE (State or foreign country) Cologne, Germany	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John H. Fats	13b. MOTHER'S MAIDEN NAME Anna Nottberg	14. NAME OF HUSBAND OR WIFE XX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO	16. SOCIAL SECURITY NO. 495-09-9665	17. INFORMANT'S SIGNATURE OR NAME Fred O. Fats, 328 Norton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma Colon		INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES Pelvic Metastases		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			153k

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Carcinoma Colon Pelvic Metastases	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE NO	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 12-21-1951 to 7-27-1952, that I last saw the deceased alive on 7-27-1952 and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. P. Miller (Degree or title) W. P. Miller M.D.	23b. ADDRESS 100 Argyle Bldg	23c. DATE SIGNED 7-28-52
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24a. BURIAL, CREMATION REMOVAL Burial	24b. DATE 7-29-52	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
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DATE REC'D BY LOCAL REG. 7-28-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Wagner	ADDRESS K C Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

11-9878

Alvin R. Haunsehile

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 Alvin R. Haunsehile

Signed.....
Student Embalmer

Licensed Embalmer No. 4159

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.