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FEB 14 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1427

State File No. ....

BIRTH NO. 24947 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 331

I. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  
c. LENGTH OF STAY (in this place) Life  
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Jackson  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  
d. STREET ADDRESS (If rural, give location) 4632 Bellevue

3. NAME OF DECEASED  
a. (First) John b. (Middle) Peter c. (Last) Fotie

4. DATE OF DEATH (Month) (Day) (Year)  
1 18 53

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 12-18-1952

9. AGE (in years last birthday) IF UNDER 1 YEAR: Months Days Hours Min. 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Arthur B. Fotie

13b. MOTHER'S MAIDEN NAME Kathryn Roche

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify known) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur B. Fotie, 4632 Bellevue, K.C. Mo.

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) BRONCHOPNEUMONIA, bilateral  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) ATELECTASIS, MIDDLE and upper lobes, right lung.  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Congenital hare lip and cleft PALATE, bilateral

INTERVAL BETWEEN ONSET AND DEATH  
14 days  
14 days  
15 1/2

19a. DATE OF OPERATION 12-26-52

19b. MAJOR FINDINGS OF OPERATION operative repair of bilateral hare lip

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)

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 12-14, 1952, to 1-18, 1953, that I last saw the deceased alive on 1-18, 1953, and that death occurred at 1:45 pm., from the causes and on the date stated above.

23a. SIGNATURE R. W. Latham (Degree or title) M.D.

23b. ADDRESS 231 W. 47 St. Kansas City, Mo.

23c. DATE SIGNED 1-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 20, 1953

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City Missouri

DATE REC'D BY LOCAL REG. 1-20-53

REGISTRAR'S SIGNATURE Heraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. H. Newcomer's Sons, Kansas City, Mo.

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Charles H. Steinhilber*

Licensed Embalmer No. *45600*

P. O. Address *150, Wm*

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.