No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28791

FILED SEP 15 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4271

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 46 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Devine Bros. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 3319 The Paseo

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Robert
c. (Last): Oakes

4. DATE OF DEATH (Month) (Day) (Year): August 27 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: —
9. AGE (In years last birthday): 80 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SUPERINTENDENT
10b. KIND OF BUSINESS OR INDUSTRY: FOGLE CONSTRUCTION Co
11. BIRTHPLACE (City and State or Foreign Country): MIDDLEPORT, OHIO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEORGE W. OAKES
13b. MOTHER'S MAIDEN NAME: ELIZABETH MAXWELL
14. NAME OF HUSBAND OR WIFE: PEARL LANGFITT OAKES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 495-18-6049
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS. PEARL L. OAKES, 3319 PASEO, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uropepsis Associated with ascending infection of urinary tract. — INTERVAL BETWEEN ONSET AND DEATH: 90 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prostatic Urinary Cystitis — 90 days

DUE TO (c) Stone (Calculus) in Bladder — years or months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 603X

19a. DATE OF OPERATION: 8/8/53
19b. MAJOR FINDINGS OF OPERATION: Stone 6 cm. by Scm from Urinary Bladder
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) m.
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* Aug 13, 1953, *to* Aug 27, 1953, *that I last saw the deceased alive on* Aug 27, 1953, *and that death occurred at* 8:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: V. J. Devine (Degree or title): D.O.
23b. ADDRESS: 2918 Oak - K.C. Mo
23c. DATE SIGNED: Aug 28, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
24b. DATE: AUG. 31, 1953
24c. NAME OF CEMETERY OR CREMATORY: D.W. NEWCOMER'S SONS
24d. LOCATION (City, town, or county) (State): KANSAS CITY MO.

DATE REC'D BY LOCAL REG.: 8-31-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: D.W. Newcomer Sons Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

OCT 1 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Herbert A. Jones

Licensed Embalmer No. 4927

P. O. Address 4125 Paseo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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