

THE DIVISION OF HEALTH OF THE STATE OF KANSAS
STANDARD CERTIFICATE OF DEATH

State File No. **31893**
4415

FILED SEP 24 1953

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 KANSAS b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) FEW HRS.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 222 West 75th		d. STREET ADDRESS (If rural, give location) 318 North 22nd	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH	b. (Middle) EDWARD	c. (Last) MALOTTE	4. DATE OF DEATH (Month) (Day) (Year) Sept, 5, 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 15, 1891	9. AGE (In years last birthday) 62	# UNDER 1 YEAR Month _____ Day _____	# UNDER 100 Hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STATIONARY ENGINEER	10b. KIND OF BUSINESS OR INDUSTRY K.C. ICE CO.	11. BIRTHPLACE (City and State or Foreign Country) MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME THOMAS MALOTTE	13b. MOTHER'S MAIDEN NAME JOSEPHINE KESSLER	14. NAME OF HUSBAND OR WIFE ANNA MALOTTE
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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. 510-05-6009	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J.E. Malotte (w) 318 No. 22 K.C.K
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH few min over 1 year 4201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arterio sclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Oct, 1952, to Sept 5, 1953, that I last saw the deceased alive on Sept 3, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.H. Algie M.D.	23b. ADDRESS 825 N. 7th St., K.C.K.	23c. DATE SIGNED 9/8/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9/9/53	24c. NAME OF CEMETERY OR CREMATORY Mt. Galvary	24d. LOCATION (City, town, or county) (State) Kansas City, MO KANS.
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DATE REC'D BY LOCAL REG. 9-9-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JOS. A. BUTLER'S SONS K.C.K.
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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 Arthur E Hook

Licensed Embalmer No. 4912

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.