

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

4889

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 502

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 OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 66 years		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 2536 Summit Street		e. STREET ADDRESS (If rural, give location) 2536 Summit Street	
3. NAME OF DECEASED (Type or Print) Joseph		4. DATE OF DEATH (Month) (Day) (Year) January 31 1954	
a. (First)		b. (Middle)	
c. (Last) Hutterer			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9- - 1869
9. AGE (In years last birthday) 85 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bldg. Contractor	11. BIRTHPLACE (City and State or Foreign Country) Bavaria, Germany
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph Hutterer		13b. MOTHER'S MAIDEN NAME Anna	
14. NAME OF HUSBAND OR WIFE Anna			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Hap Faltermeyer (Nephew)		ADDRESS 11. C. MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 4 hrs	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Cardiac Failure		4 days	
DUE TO (c) Coronary Sclerosis:		3 yrs	
II. OTHER SIGNIFICANT CONDITIONS Generalized arteriosclerosis		3 yrs	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) (none)		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) (Minute)		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 May 15, 1953, to 31 Jan, 1954, that I last saw the deceased alive on 30 Jan, 1954, and that death occurred at 11:30 A.M., from the causes and on the date stated above.			
23. SIGNATURE James W. Downey M.D. - D		23b. ADDRESS 800 Argyle Bldg. K.C. Mo.	
23c. DATE SIGNED 1 Feb. 54			
24a. BURIAL CREMATION (REMOVAL) (Specify) Burial		24b. DATE Feb. 3, 1954	
24c. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery		24d. LOCATION (City, town, or county) (State) Shawnee Kansas	
DATE REC'D BY LOCAL REG. 2-1-54		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Quirk & Tobin, 20 W. Linwood, K.C. Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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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, ~~by~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Forrest D. Goldsnow*.....

Licensed Embalmer No. *47*.....

P. O. Address *K. C. T.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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: