

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4919

FILED MAR 15 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 801

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>10 yrs</b>	c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Armour Home - 8100 Wornall Rd.</b>			
e. STREET ADDRESS <b>94 Armour Home</b>		f. (If rural, give location) <b>3948 D</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPHINE</b> b. (Middle) <b>.</b> c. (Last) <b>KLEE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 19, 1954</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Feb. 9, 1870</b>		9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Paris, France 5</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>R. Diettgan</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth</b>		14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b>			
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Elizabeth R. Schreiber, Armour Home, KC</b>			
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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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>		DUPLICATE					<b>2 da</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE					<b>2 mo</b>
DUPLICATE		DUPLICATE					<b>5 yrs</b>
DUPLICATE		DUPLICATE					<b>332X</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE					

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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Feb 1, 1954 to 2-16, 1954, that I last saw the deceased alive on 2-16, 1954 and that death occurred at 10:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Chester B. Lee</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>174 Plaza Tower Bldg K.C. MO</b>		23c. DATE SIGNED <b>2-20-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-22-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>2-21-54</b>		REGISTRAR'S SIGNATURE <b>Heraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE, Kansas City, Missouri</b>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Wm. Hunter E. Ross  
174 Pleasant Hill Rd.  
O.S. 2116  
To be 10:05 AM

After 1:00

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 .....

Signature of Student Embalmer

Signed J. D. Walton

Licensed Embalmer No. 279

P. O. Address K.C.M.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.