

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8855**
REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1306**

FILED APR 7 1954

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	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 3109 Brooklyn		e. STREET ADDRESS (If rural, give location) 54 3109 Brooklyn	
3. NAME OF DECEASED (Type or Print) Walter		a. (First) Walter b. (Middle) Oeffling c. (Last) Oeffling	4. DATE OF DEATH (Month) (Day) (Year) 3 19 54
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2/14/91
9. AGE (In years last birthday) 63		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk in Liquor Store	10b. KIND OF BUSINESS OR INDUSTRY Brooklyn Liquor Store
11. BIRTHPLACE (City and State or Foreign Country) Henapin Co., Minn.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Casper Oeffling		13b. MOTHER'S MAIDEN NAME Susan Miller	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 496-24-6815	17. INFORMANT'S SIGNATURE OR NAME Frank Oeffling, 4928 Neodesha, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease 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 checked="" type="checkbox"/> NO <input type="checkbox"/>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Geo. C. Kealhofer (Degree or title)		23b. ADDRESS 4050 Broadway Tower	23c. DATE SIGNED 3-23-54
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 3-23-54	24c. NAME OF CEMETERY OR CREMATORY MINNETPOLES, MINN.
24d. LOCATION (City, town, or county) (State) MINNETPOLES, MINN.		25. FUNERAL DIRECTOR'S SIGNATURE Mellody-McGilley-Bylar ADDRESS 1800E. Linwood-KC, Mo.	
DATE REC'D BY LOCAL REG. 3-23-54		REGISTRAR'S SIGNATURE Geraldine Smith	

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *Melvin Bartee*

Licensed Embalmer No... *49*

P. O. Address *19 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.