No. 300
10-48

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 8859

BIRTH NO. FILED MAR 25 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1070

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

**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): 38 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K.C. GENERAL HOSPITAL NO. 1

**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): 1223 WEST 41ST STREET 3648

**3. NAME OF DECEASED** (Type or Print)
a. (First): ROY
b. (Middle): F.
c. (Last): ORTEN

**4. DATE OF DEATH** (Month) (Day) (Year): MARCH - 6 - 1954

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED 1
**8. DATE OF BIRTH**: MARCH-15-1915
**9. AGE** (In years last birthday): 38 — 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): MECHANIC
**10b. KIND OF BUSINESS OR INDUSTRY**: TRANSWORLD AIR LINES
**11. BIRTHPLACE** (City and State or Foreign Country): KANSAS CITY MISSOURI
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: JAMES HENRY ORTEN
**13b. MOTHER'S MAIDEN NAME**: MINA GREEN
**14. NAME OF HUSBAND OR WIFE**: MRS. WILMA ORTEN

**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.**: 486-09-5357
**17. INFORMANT'S SIGNATURE OR NAME**: MRS. WILMA ORTEN — ADDRESS: 1223 W. 41ST ST. KANSAS CITY 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) Multiple Parenchymal Cerebral
ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebellar hemorrhages
DUE TO (c) Pulmonary Oedema & Congestion
II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Multiple fractures

INTERVAL BETWEEN ONSET AND DEATH: E8124

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☒ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Kansas City Jackson 123 Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 3-1-54 m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: Struck by Car (one Car

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 5:25 P m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Hugh H. Owens — Hugh H. Owens Coroner 3
**23b. ADDRESS**: 1036 Rialto Bldg
**23c. DATE SIGNED**: 3-8-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify)
**24b. DATE**: 3/9/54
**24c. NAME OF CEMETERY OR CREMATORY**: Floral Hills
**24d. LOCATION** (City, town, or county) (State): Kansas City, Mo

**DATE REC'D BY LOCAL REG.**: 3-9-54
**REGISTRAR'S SIGNATURE**: Geraldine Smith
**25. FUNERAL DIRECTOR'S SIGNATURE**: D. N. Newcomer's Sons — ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

## 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 John B. Lewis

Licensed Embalmer No. 48

P. O. Address KCM

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