

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5078

State File No. ....

515

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 MISSOURI b. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give town or township) KANSAS CITY  
c. LENGTH OF STAY (in this place) 1 yr.

c. CITY OR TOWN KANSAS CITY  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 2425 QUINCY AVENUE

STREET ADDRESS (If rural, give location) 3348  
2425 QUINCY AVENUE

3. NAME OF DECEASED (Type or Print)  
a. (First) OSCAR b. (Middle) LEVI c. (Last) SEVER

4. DATE OF DEATH (Month) (Day) (Year)  
FEB 3, 1955

5. SEX MALE

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
WIDOWED

8. DATE OF BIRTH DEC. 2, 1883

9. AGE (In years last birthday) 71  
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)  
CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY  
RETIRED

11. BIRTHPLACE (City and State or Foreign Country) New Haven, MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edward SEVER

13b. MOTHER'S MAIDEN NAME JOANNA COOPER

14. NAME OF HUSBAND OR WIFE ROMA SEVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No

16. SOCIAL SECURITY NO. 513-09-0225

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
MR Edward SEVER: 7427 Maple St. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary occlusion  
  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arteriosclerotic Cardiac Disease  
  
DUE TO (c)  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH  
4200

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-10, 1954, to Feb 3, 1955, that I last saw the deceased alive on Feb 2, 1955, and that death occurred at 3:30pm., from the causes and on the date stated above.

23a. SIGNATURE H. A. Underwood, M.D. (Degree or title)

23b. ADDRESS 5100 E. 24th K.C. Mo.

23c. DATE SIGNED 2-4-55

24a. BURIAL CREMATION REMOVAL (Specify) REMOVAL

24b. DATE Feb 4, 1955

24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK

24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.

DATE REC'D BY LOCAL REG. 2-4-55

REGISTRAR'S SIGNATURE Neva. Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. NEWCOMERS SONS K.C. Mo.

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.....  
Signature of Student Embalmer

Signed.....  
*Rollie Kessel*

Licensed Embalmer No. 469

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.