

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5084**
Registrar's No. **693**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 10 yrs.		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 St. Luke's Hospital				STREET ADDRESS (If rural, give location) 72 1904 Baltimore 37380				
3. NAME OF DECEASED (Type or Print) a. (First) OTIS		b. (Middle) R.		c. (Last) SHOWALTER		4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 2, 1898		
9. AGE (in years last birthday) 56		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Supt.			10b. KIND OF BUSINESS OR INDUSTRY Construction J.C. Nichols Co.		11. BIRTHPLACE (City and State or Foreign Country) Craig, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William David Showalter			13b. MOTHER'S MAIDEN NAME Loucinda Christman			14. NAME OF HUSBAND OR WIFE Alice Showalter		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 198-30-0939		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alice Showalter, 1904 Baltimore, 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) Multiple Myeloma					INTERVAL BETWEEN ONSET AND DEATH 4 mo.	
		ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					203X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Nov 11, 1954 , to Feb 13, 1955 , that I last saw the deceased alive on Feb 12, 1955 , and that death occurred at 4:00 p.m. , from the causes and on the day stated above.								
23a. SIGNATURE John F. McDonnell (Degree or title) M.D.				23b. ADDRESS 315 Nichols Road Kansas City 12 Mo.		23c. DATE SIGNED 14 Feb 55		
24a. FUNERAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-15-55		24c. NAME OF CEMETERY OR CREMATORY Ebenezer		24d. LOCATION (City, town, or county) (State) Buchanan County, Missouri		
DATE REC'D BY LOCAL REG. 2-15-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.		ADDRESS K.C. MO.		

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

Handwritten notes at top left, possibly including a name and date.

Handwritten notes at top right, possibly including a name and date.

DEC 16 1952
Handwritten notes and a date stamp.

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 *Eugene A. Therman*

Licensed Embalmer No. *463*
P. O. Address *Kennerly, Ct*

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.