

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33438**  
**4633**

FILED NOV 10 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 002 Registrar's No. \_\_\_\_\_

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>60 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>3003 Euclid</b>		STREET ADDRESS (If rural, give location) <b>3003 Euclid</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <b>Carl</b>	b. (Middle) <b>H. F.</b>	c. (Last) <b>NOLTING</b>	<b>10-27-1955</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12-3-1862</b>	9. AGE (In years last birthday) <b>92</b>	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) <b>Ret. Supt. of Repairs</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K.C. Public Schools</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Germany 4</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>No Record</b>	13b. MOTHER'S MAIDEN NAME <b>No Record</b>	14. NAME OF HUSBAND OR WIFE <b>Selma W. Nolting</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>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Selma W. Nolting 3003 Euclid K.C. Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Wrenia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Nephrosclerosis</b> DUE TO (c) <b>Arterio sclerosis</b>		<b>years</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cancer of urinary bladder</b>		<b>years</b>

19a. DATE OF OPERATION <b>May 54</b>	19b. MAJOR FINDINGS OF OPERATION <b>Grade II Transitional cell Bladder tumor</b>		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 27 Dec 1954, to 27 Oct 1955, that I last saw the deceased alive on 24 Oct 1955, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Declarer or third party) <b>Jean B. Willoughby Md.</b>	23b. ADDRESS <b>5905 Main K.C. Mo</b>	23c. DATE SIGNED <b>28 Oct 55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-29-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>10-28-55</b>	REGISTRAR'S SIGNATURE <b>Neve Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Muehlebach Funeral Home Kansas City, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Jean. B. Willoughby

Dr. Willoughby  
5905 Main

1 pm to about 5 AM.

De 8600.

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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..... *Wm J. Ward*

Licensed Embalmer No. *397*

P. O. Address *308 E. 600*  
*De 8600*

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