

FILED DEC 30 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40391**  
**5408**

BIRTH NO.		REG. DIST. NO. <b>149</b>	PRIMARY REG. DIST. NO. <b>1002</b>	Registrar's No.
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). 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>37 YEARS</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>4006 Central STREET</b>		e. STREET ADDRESS (If rural, give location) <b>4006 Central STREET</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>DOCK</b> b. (Middle) <b>WILLARD</b> c. (Last) <b>ALTIS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DECEMBER-10-1955</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>JUNE-9-1900</b>	9. AGE (In years last birthday) <b>55</b> if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MANAGER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>APARTMENT BLDG. INDUSTRY 4006 CENTRAL ST.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>KABOUL MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>ISACC ALTIS</b>		13b. MOTHER'S MAIDEN NAME <b>BETTY ATKIN'S</b>	14. NAME OF HUSBAND-OR WIFE <b>Mrs. HELEN ALTIS</b>	
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>487-03-3968</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. HELEN ALTIS 4006 CENTRAL ST. KANSAS CITY, MO.</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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) <b>Natural</b>		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 <b>8:30A.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE Hugh H. Owens (Degree or title) <b>Hugh H. Owens, M.D.</b>		23b. ADDRESS <b>1034 Rio Vista Blvd</b>		23c. DATE SIGNED <b>12-10-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC-13-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GREENLAWN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>12-13-55</b>		REGISTRAR'S SIGNATURE <b>Meva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D.W. Newcomer, Sons 1331 BUSH CREEK KANSAS CITY, MO.</b>

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

ISSUED BY MPP

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..... *John B Lewis* .....  
Licensed Embalmer No..... *4875* .....  
P. O. Address..... *KC Mo* .....

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.