

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40796

State File No. 5139

FILED DEC 28 1955

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 Kansas City)		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"/>
c. LENGTH OF STAY (in this place) 18 yrs.		f. STREET ADDRESS (If rural, give location) 6414 Montgall	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bus Stop-64th & Prospect			

3. NAME OF DECEASED (Type or Print) ERNEST (N.M.I.) OTTENS			4. DATE OF DEATH Nov. 25, 1955		
a. (First)	b. (Middle)		c. (Last)		4. DATE (Month) (Day) (Year)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 18, 1894		9. AGE (In years last birthday) 61 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) teller dep't		10b. KIND OF BUSINESS OR INDUSTRY Commerce Trust		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas	
13a. FATHER'S NAME George A. Ottens			13b. MOTHER'S MAIDEN NAME Mollie (unknown)		14. NAME OF HUSBAND OR WIFE Mrs Rosina Ottens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.I		16. SOCIAL SECURITY NO. 486-01-2437		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rosina Ottens K.C.MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
2. OTHER SIGNIFICANT CONDITIONS		DUE TO (b) Arteriosclerotic heart disease			
Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Hypertension			6 mos
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			4200

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 **10-1-55**, 19**55**, to **11-25-**, 19**55**, that I last saw the deceased alive on **11-21-55**, 19**55**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Kealhofer (Degree or title) Dr		23b. ADDRESS 6027 Rumpke St S.W.		23c. DATE SIGNED 11-25-55	
24a. BURIAL CREMATION REMOVAL (Specify) Removal		24b. DATE 11/28/55		24c. NAME OF CEMETERY OR CREMATORY Stoney Point Cemetery Wyandotte Co. Kansas	

DATE REC'D BY LOCAL REG 11-26-55		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. F. Porter & Son 19th & Minn. K.C.K.	
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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 *Russell N. Fran*.....

Licensed Embalmer No. *42*.....

P. O. Address *K E*.....

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.