

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16317

1917

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) 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) 35 YEARS		f. STREET ADDRESS (If rural, give location) 3050 HARRISON STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3215 CLEVELAND AVENUE NEWBERRY REST HOME			

3. NAME OF DECEASED a. (First) FRANK		b. (Middle)		c. (Last) DEATLEY		4. DATE OF DEATH (Month) (Day) (Year) MAY 1-1956	
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 3-1897	9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER-AMUSEMENT BUS	10b. KIND OF BUSINESS OR INDUSTRY MATINEE GIRLS	11. BIRTHPLACE (City and State or Foreign Country) STUARTSVILLE, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME BENJAMIN F. DEATLEY	13b. MOTHER'S MAIDEN NAME MARY LOGAN	14. NAME OF HUSBAND OR WIFE MRS. HAZEL DEATLEY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. HAZEL DEATLEY	ADDRESS 3050 HARRISON ST. KANSAS CITY, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Hypertensive Cardio-Renal		INTERVAL BETWEEN ONSET AND DEATH 10 yrs +
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis		
	DUE TO (c) Hypertension		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Terminal Uremia			442X

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION no operation	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) no injury
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE WORKING? <input checked="" type="checkbox"/> NOT WHILE WORKING <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none
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22. I hereby certify that I attended the deceased from **Jan 22, 1941**, to **5-1-**, 19**56**, that I last saw the deceased alive on **4-30-**, 19**56**, and that death occurred at **7:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE J. Harvey Jennett (Degree or title) MD	23b. ADDRESS 630 Professional Bldg Kansas City 6 Mo	23c. DATE SIGNED 5-1-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 3, 1956	24c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 5-3-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer's Sons	ADDRESS 1331 BRUSH OREEK KANSAS CITY, MO.
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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.....

Robert Ray

Licensed Embalmer No. 418

P. O. Address K. C., M.

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