FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16553

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1891

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 70 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARY'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 6411 SOUTH BENTON 2888

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle): WILLIAM
c. (Last): RADTKE

4. DATE OF DEATH (Month) (Day) (Year): APRIL 27 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: NOV. 20. 1877
9. AGE (In years last birthday): 78 — 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): PLASTERER
10b. KIND OF BUSINESS OR INDUSTRY: K.C. BRIDGE CO. ORNAMENTAL
11. BIRTHPLACE (City and State or Foreign Country): BAGNITZ, GERMANY
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: WILLIAM RADTKE
13b. MOTHER'S MAIDEN NAME: AUGUSTA, KANS ~~KANSAS~~
14. NAME OF ~~HUSBAND OR~~ WIFE: MRS. FLOY RADTKE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): - - - - - -
16. SOCIAL SECURITY NO.: 495-10-6799
17. INFORMANT'S SIGNATURE OR NAME: MISS AUGUSTA RADTKE — ADDRESS: 6411 SO. BENTON KANSAS CITY, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fractured Femur — 16 days
DUE TO (c) Fall at Home — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Stomach

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: E9040 E1H
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY OR TOWN OR TOWNSHIP) (COUNTY) (STATE): Kansas City Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-10-56 4 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell while going to Bath Room

22. *I hereby certify that I attended the deceased from* 4-10, 1956, *to* 4-27, 1956, *that I last saw the deceased alive on* 4-26, 1956, *and that death occurred at* 10:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. S. Harless (Degree or title) M.D.
23b. ADDRESS: 409 E 63rd
23c. DATE SIGNED: 4-30-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 1 1956
24c. NAME OF CEMETERY ~~OR CREMATORY~~: FOREST HILL CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 5-1-56
REGISTRAR'S SIGNATURE: neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: D. A. Newcomer Sons — ADDRESS: 1331 BRUSH CREEK KANSAS CITY MO.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 24 1956

JAN 18 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... Signed John B. Lewis

Signature of Student Embalmer

Licensed Embalmer No. 48

P. O. Address K C Mo

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.