

FILED SEP 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26995

3792

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 OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 55 YEARS		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"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEUROLOGICAL HOSPITAL				e. STREET ADDRESS (If rural, give location) 3619 61 3932 COLLEGE AVENUE 0			
3. NAME OF DECEASED (Type or Print) a. (First) OTIS			b. (Middle)		c. (Last) KRESSE		4. DATE OF DEATH (Month) (Day) (Year) AUGUST-2-1956
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV-16-1876		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY METROPOLITAN LIFE INSURANCE COMPANY		11. BIRTHPLACE (City and State or Foreign Country) CONCORDIA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN KRESSE		13b. MOTHER'S MAIDEN NAME ANN HEINBROOK		14. NAME OF HUSBAND OR WIFE Mrs. VIRGINIA KRESSE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. VIRGINIA KRESSE 3932 COLLEGE AVE. 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) Pneumonia, hypostatic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Emboli, multiple DUE TO (c) Thrombosis of legs II. OTHER SIGNIFICANT CONDITIONS Chronic Brain Syndrome assoc. with Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 2 days ? 463X ?
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)		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) (Min)		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 8 th July, 1956, to 2 nd Aug., 1956, that I last saw the deceased alive on 1 st Aug., 1956, and that death occurred at 5:40A. m., from the causes and on the date stated above.							
23a. SIGNATURE Paul Hines			23b. ADDRESS 2625 W. Paseo Kansas City 8 Mo.		23c. DATE SIGNED 8-2-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG-4-1956	24c. NAME OF CEMETERY OR CREMATORY Mt. MORIAN CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		
DATE REC'D BY LOCAL REG. 8-4-56		REGISTRAR'S SIGNATURE Miss Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.H. Newcomer's Sons 1331- BRUSH CREEK KANSAS CITY, MO.			

762 1-062-3.

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 *Chester K Brown*

Licensed Embalmer No. *493*

P. O. Address *Ke 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.