

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27159

State File No.

FILED AUG 27 1956

3318

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 township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 2 Days
c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Kansas City Tb. Hosp. e. STREET ADDRESS (If rural, give location) 801 Ormouh Blvd. 3500

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) W. c. (Last) Soeder 4. DATE OF DEATH (Month) (Day) (Year) July 29 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 12-2-1890 9. AGE (In years last birthday) (Months) (Days) 65 7 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Live Stock Buyer 10b. KIND OF BUSINESS OR INDUSTRY K.C. Stockyards 11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kans. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Nick Soeder 13b. MOTHER'S MAIDEN NAME Minnie Ries 14. NAME OF HUSBAND OR WIFE Gladys Soeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. 527-200649 17. INFORMANT'S SIGNATURE OR NAME K.C. Tb. Hosp. ADDRESS K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary infarction
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombosis of pulmonary artery
DUE TO (c) Fibrocaceous pulmonary tuberculosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Aneurysm of abdominal aorta

INTERVAL BETWEEN ONSET AND DEATH 102X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 7-2, 1956, to 7-29, 1956, that I last saw the deceased alive on 7-29, 1956 and that death occurred at 12:12A.m., from the causes and on the date stated above.

23a. SIGNATURE Edward P. Whitmore M.D. (Degree or title) 23b. ADDRESS 1030 EAST PARISS KANSAS CITY 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION 24b. DATE JULY 31 1956 24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 7-31-56 REGISTRAR'S SIGNATURE Neva Minchall 25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.

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..... *Rollie Kessel*

Licensed Embalmer No. *4690*

P. O. Address..... *K.C.M.*

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.