

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30759

FILED OCT 3 1956

STATE FILE NUMBER 4073

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OR (If in hospital, give location) INSTITUTION FRANCIS COROR EAGLES LODGE 3133 TRUST AVE.		d. STREET ADDRESS 5730 WOODLAND (If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) HOWARD First FRANK Middle HOLZSCHUH Last		4. DATE OF DEATH SEPT-12-1956 Month Day Year	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH AUGUST-17-1887 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY Cosmetics KUZIER'S INC.	11. BIRTHPLACE (City and state or country) PEORIA ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME THEODORE HOLZSCHUH	
14. MOTHER'S MAIDEN NAME KATHERINE METZER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES. WORLD WAR I.	
16. SOCIAL SECURITY NO. 487-09-5956		17. INFORMANT MRS. MABEL DROHAN Address 5730 WOODLAND AVE. KANSAS CITY MO.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction DUE TO (b) Acute Coronary Occlusion DUE TO (c) Arteriosclerotic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertensive Cardio-vascular Disease			INTERVAL BETWEEN ONSET AND DEATH 4200
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7-21-53 to 4-16-56 and last saw her alive on 4-16-56 Death occurred at 4:29 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John H. Wheeler M.D.		22b. ADDRESS 411 Nichols Road, Kansas City Mo.	
22c. DATE SIGNED 9-13-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT-17-1956	23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS		25. DATE RECD. BY LOCAL REG. 9-17-56	26. REGISTRAR'S SIGNATURE Rever minshall

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correct

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.....
Signature of Student Embalmer

Signed.....
Rollie Kessel

Licensed Embalmer No. *46*

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

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