

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30859

FILED SEP 21 1956

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3774

|   |  |   |  |   |   |  |   |   |  |
|---|--|---|--|---|---|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>                  |   |  |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>KANSAS CITY</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>      |  | c. CITY<br>OR TOWN <u>KANSAS CITY</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>  |  |   | Length of stay in bed <u>42 yrs</u>  |   | d. STREET ADDRESS (If outside, give location) <u>5218 EUCLID AVENUE</u>                     |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>AUGUST FREDERICK MAUSS</u>   |  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><u>AUG-25-1956</u>  |   |  |   |   |  |
| 5. SEX <u>MALE</u>  |  | 6. COLOR OR RACE <u>WHITE</u>   |  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><u>DEC-17-1890</u>   |   | 9. AGE (In years last birthday) <u>65</u><br>IF UNDER 1 YEAR IF UNDER 24 HRS.<br>Months Days Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>BUILDING CUSTODIAN</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>K.C. TERMINAL R.R. UNION STATION</u>                 |   | 11. BIRTHPLACE (City and state or country)<br><u>RUSSIA</u>                                 |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |   |  |
| 13. FATHER'S NAME<br><u>Frederick UNKNOWN MAUSS</u>   |  |   |  | 14. MOTHER'S MAIDEN NAME<br><u>Sabina Gushausen UNKNOWN</u>   |   |  |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>YES WORLD WAR I</u>  |  |   | 16. SOCIAL SECURITY NO.<br><u>703-03-8542</u>  |   | 17. INFORMANT<br>Address<br><u>Mrs. Juanita A. Mauss 5218 EUCLID AVENUE KANSAS CITY, MO</u> |  |   |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE - (a) <u>Acute Pulmonary Edema</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>Arteriosclerotic Heart Disease</u><br>DUE TO (c) <u>4 yrs</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><u>lobar pneumonia</u> |  |   |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 hrs</u><br><u>4200</u>                       |   |  |
| 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.<br>Hour Month Day Year<br>a. m.<br>p. m.   |  |   |  |   |   |  |   |   |  |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) |  | 20f. CITY, TOWN, OR LOCATION  |   | COUNTY   |   | STATE   |  |
| 21. I attended the deceased from <u>1948</u> to <u>AUG 25, 1956</u> and last saw <del>him</del> <u>her</u> alive on <u>8-25-56</u><br>Death occurred at <u>10:45</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.   |  |   |  |   |   |  |   |   |  |
| 22a. SIGNATURE<br>(Deceased or title)<br><u>[Signature]</u>   |  |   |  | 22b. ADDRESS<br><u>M.D. Apple Bldg K.C., Mo</u>   |   |  | 22c. DATE SIGNED<br><u>8-27-56</u>  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  |  | 23b. DATE<br><u>AUG-28-1956</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>MT. MORIAH CEMETERY</u>  |   | 23d. LOCATION (City, town, or county) (State)<br><u>KANSAS CITY MISSOURI</u>         |   |   |  |
| 24. FUNERAL DIRECTOR<br><u>D.W. Pincus's Son</u>  |  |   | ADDRESS<br><u>7331 Brook</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>8-28-56</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>neva minshall</u>                                     |   |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Ira C. Layton

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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 *Paul B. Williamson*.....

Licensed Embalmer No. *500*

P. O. Address *K.C. 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.