

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4686

State File No.

FILED MAR 13 1957

905

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City,</u>		c. LENGTH OF STAY (In this place) <u>10 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City,</u>		8150		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Delora Rest Home K.C.Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>1020 Barnett Ave.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ollie</u>		b. (Middle) <u>Melvina</u>		c. (Last) <u>Fasenmyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 23, 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 9, 1876</u>		9. AGE (In years last birthday) <u>80</u>	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) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Her Self</u>		11. BIRTHPLACE (State or foreign country) <u>Xenia, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>John W. Jaro</u>		13b. MOTHER'S MAIDEN NAME <u>Jonna Moster</u>		14. NAME OF HUSBAND OR WIFE <u>Frank P. Fasenmyer</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Patrick Marnell 1020 Barnett K.C.Kanso</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension. Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Banti disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>8 month</u> <u>29 80</u>		
19a. DATE OF OPERATION <u>No</u>		19b. MAJOR FINDINGS OF OPERATION <u>No</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>2</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>15 Jan</u> , 19 <u>56</u> , to <u>23 Feb</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>23 Feb</u> , 19 <u>57</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Maurice V. Laing</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>1205 Newark, Kans. Ct. 16</u>		23c. DATE SIGNED <u>25 Feb 57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 26, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John's</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>			
DATE REC'D BY LOCAL REG. <u>2-26-57</u>		REGISTRAR'S SIGNATURE <u>Reva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Echternacht</u> <u>1318 QUINDARO BLVD.</u> KANSAS CITY 4, KANSAS				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Charles L. ...
Embalmer

John W. Jaro
 House Wife
 Female
 White
 Married
 Dec. 9, 1874
 80
 Frank P. Rosenberg
 U.S.
 Mrs. Patrick Kameel 1020 Barrett Ave.
 John Koster
 Kansas City
 1020 Barrett Ave.
 Kansas City

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 _____
 Student Embalmer

Signed *Harold E. Cattermole*

Licensed Embalmer No. 3035

P. O. Address *H. C. ...*

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 this body is not embalmed, fact should be so stated above.