

Health,
, & Welfare
S. Public
th Service

STANDARD CERTIFICATE OF DEATH

482971
STATE FILE NUMBER
5219

FILED DEC 2 - 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5219

S. 300
v. 1-57

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) 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 OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center		Length of stay in 1b 37 yrs.	d. STREET ADDRESS 2818 East 11th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Frank Middle A. P. Last DeCloud			4. DATE OF DEATH Month Nov. Day 6 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-25-84	9. AGE (In years birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photographer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Blair, Nebraska		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph P. De Cloud		13b. MOTHER'S MAIDEN NAME Ella Lute		14. NAME OF HUSBAND OR WIFE Maude E. De Cloud	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-05-6568	17. INFORMANT Mrs. Earl Deputy Address K. C. 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) Carcinoma of Lung (Left) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Empyema DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				INTERVAL BETWEEN ONSET AND DEATH 1 year 6 weeks 163 X	
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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Kansas City			
20e. CITY, TOWN, OR LOCATION Jackson		20f. COUNTY MO			
21. I attended the deceased from January 3rd - 5th Nov 6-57 and last saw him alive on Nov 6-57 Death occurred at 5:45 P.M. - black - 47 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dr. Joseph Getelson M.D.			22b. ADDRESS 900 Realto Bldg		22c. DATE SIGNED 11-7-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-8-57	23c. NAME OF CEMETERY OR CREMATORY Shawnee		23d. LOCATION (City, town, or county) (State) Shawnee, Kansas
24. FUNERAL DIRECTOR Freeman Mortuary		ADDRESS K. C. Mo.		25. DATE RECD. BY LOCAL REG. 11-7-57	26. REGISTRAR'S SIGNATURE Neva Marshall

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.

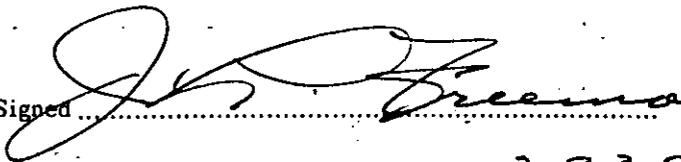
Joseph Getelson MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



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 

Licensed Embalmer No. 2939
P. O. Address F. O. 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.