

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018409

STATE FILE NUMBER

FILED MAY 29 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2381

5. 300
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) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY 1650 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 812 EAST 43RD ST.		Length of stay in lb 35 YEARS	d. STREET ADDRESS (If outside, give location) 812 EAST 43RD ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last William GEORGE OSTHOFF			4. DATE OF DEATH Month Day Year MAY - 7 - 1958
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 APR. 4 - 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PHARMACIST		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years or birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) PEORIA, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN C. OSTHOFF		13b. MOTHER'S MAIDEN NAME MAGDELENA	14. NAME OF HUSBAND OR WIFE MARY F. OSTHOFF
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. 492-14-5550 INFORMANT: MARY F. OSTHOFF Address 812 EAST 43RD ST. - 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) Bronchial Hypostatic Pneumonia DUE TO (b) Pernicious Anemia DUE TO (c) Senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 24 hours 2 years 2900
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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. INJURY OCCURRED 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 3/20 1956 to May 7 - 58 and last saw her alive on May 7 - 1958 Death occurred at 10:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. W. Grauerholz M.D. (Degree or title)		22b. ADDRESS 3527 Broadway K.C. Mo.	
22c. DATE SIGNED 5/8 - 58		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE MAY 10 - 1958		23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	
23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI		23e. (State)	
24. FUNERAL DIRECTOR D.W. NEWCOMERS SOOS - KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 5-10-58	
26. REGISTRAR'S SIGNATURE reva minshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. W. Grauerholz

All diseases in Part I must be causally related. No symptoms will be listed.

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 *Marvin D. Preston*

Licensed Embalmer No. *5040*
P. O. Address *Kansas City*

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.